

Application for Cat Registration



City of Bayswater

61 Broun Ave
MORLEY WA 6062
Telephone: (08) 9272 0622
www.bayswater.wa.gov.au

Part A: Owner Details (must be over 18 years of age)

Cat Owners Full name:		Date of birth:	
Residential Address:		Suburb:	Postcode:
Postal Address: (if different from above)		Suburb:	Postcode:
Telephone: Home	Work:	Mobile:	
Email Address:		Can the City of Bayswater use this E-mail address to issue renewal notices and other relevant information? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Pensioner Concession Card Details:		Concession claimed: i.e. Pensioner (Only required if details changed)	

Alternate Contact (optional)

Full name:			
Residential Address:		Suburb:	Postcode:
Telephone: Home	Work:	Mobile:	
Email Address:			

Part B: Cats Details

Address where cat is normally kept if different from Owners Address in Part A:		Number of cats to be located at these premises:	
Cat's Name:	Breed: (If Known)	Date of Birth: / /	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Is the cat sterilized? Yes <input type="checkbox"/> (Please provide a copy of the sterilization certificate for new registrations only) No <input type="checkbox"/>			
If No, Is the exemption granted by a veterinarian? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, Please provide details of exemption including details of issuing Veterinarian:			
Microchip: Yes <input type="checkbox"/> No <input type="checkbox"/> Microchip Number:			
Is cat owned by an Approved Breeder? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Breeders Details:			
Is the custodian a member of a prescribed exempt organisation? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please give details of the prescribed exempt organisation.			

Part D: Registration

REGISTRATION PERIOD (tick required fee)	1 Year Full Fee	1 Year Pensioner Concession	3 Years Full Fee	3 Years Pensioner Concession	Lifetime Full Fee	Lifetime Pensioner Concession
	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$21.25	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$50.00
Previous local government where cat was registered (if known)						
Current Registration Number: (OFFICE USE ONLY)		Expired Registration Number: (OFFICE USE ONLY)		Animal Number: (OFFICE USE ONLY)		

PENSIONER CONCESSION NOTE

Current Pensioner Concession Cards are to be presented or please attach a copy of your Pensioner Concession Card, Veteran Affairs Card, State Concession Card or Commonwealth Seniors Card together with a State Seniors Card.

Part C: Notification of New Owner

New cat owners name:		
New owners address:	Suburb:	Postcode:
Telephone: Home	Work:	Mobile:

Part E: Application for approved breeder

Application to be an approved breeder Yes <input type="checkbox"/> No <input type="checkbox"/>	Breed of cats to be bred	Number of breeding cats to be kept at the property?
Description of facilities		
Membership of prescribed organisation (please provide details of organisation)		

Part F: Previous Convictions:

Do you have any convictions for offences against this Act, the Dog Act 1976 or Animal Welfare Act 2002 in the past 3 years?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please give details, specifying the date of the conviction(s), nature of the offence and the legislation involved.
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Part G: Declaration

The local government may refuse an application if any or all of the required information is not provided within the time period specified in the legislation.

I, being the owner of which the details are specified in 'Part A - Owner Details' of this application declare that the information I have provided is true and correct. I am aware that it is an offence to provide false and misleading information.

Signature:	Date:
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Part H: Local government use only

Registration Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved Breeder: Yes <input type="checkbox"/> No <input type="checkbox"/>
Officer: _____ Date: _____	Officer: _____ Date: _____
Conditions of approval:	

METHODS OF PAYMENT

Complete the declaration and post your application together with your payment method payable to the City of Bayswater to P.O Box 467, Morley 6943 and any copies of a sterilisation certificate and concession cards.

In person

Cash, Cheque or Credit Card by presenting this form to the cashier, Monday to Friday at the City of Bayswater Civic Centre, 61 Broun Avenue, Morley, 8.30am - 4.30pm **OR** at Maylands Library The RISE, 28 Eighth Avenue, Maylands WA 6051 Mon - Fri 9am - 4.30pm Saturday 9am-11am.

If paying by Post please select your payment method:

Cheque (Please attach your payment) Money order (Please attach your payment)

Credit card - ***Please Debit my Credit Card as set out below:***

Total Payment Amount: \$ _____ and method of payment:

Bank Card VISA Card Master Card (Payments cannot be made by American Express or AMEX. Surcharge of 0.4% applies)

Card No. _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Name of Card Holder _____ Expiry date ____ / ____

Cardholder Signature _____ Date _____

YOUR SIGNATURE HERE ON IS AUTHORITY FOR US TO ISSUE A SALES VOUCHER FOR THE FULL AMOUNT SHOWN IN THE SPACE PROVIDED ABOVE.