



6177 Great Northern Highway
 PO Box 70 Bindoon WA 6502
 ☎ (08) 9576 4600
 ✉ chatter@chittering.wa.gov.au
 www.chittering.wa.gov.au

CAT REGISTRATION FORM

CAT ACT 2011 FORM 1

Is this a new cat registration, a renewal, or are you transferring a cat from a different Local Government?

New Registration Transfer Renewal

Owner Details		Alternative Contact Details	
Full Name		Full Name	
Residential address		Residential address	
Postal address (if different from above)		Postal address (if different from above)	
Date of birth		Date of birth	
Home phone		Home phone	
Work phone		Work phone	
Mobile phone		Mobile phone	
Email address		Email address	
Can the Shire use this email address to issue renewal notices and other relevant information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>This contact information is used in the event that the owner of the cat cannot be contacted.</i>	
Cat Details			
Address where cat is normally kept			
Number of cats to be located at these premises			
Cat's name			
Date of Birth / Age	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Breed (if known)	Colour		
Microchip number	Microchip Database Company		
Is the cat sterilised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If you ticked 'Yes', you must provide a Sterilisation Certificate signed by a Veterinary Surgeon.</i>	
If No, is the exemption granted by a veterinarian?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please give details of the exemption including details of issuing veterinarian			
Is the custodian a member of a prescribed exempt organisation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please give details of the prescribed exempt organisation			
Approved breeder?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide details and attach your approval			
Any distinguishing features or marks?			



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Registration

Period of Registration (fees below)	<input type="checkbox"/> 1 year	<input type="checkbox"/> 3 years	<input type="checkbox"/> Lifetime
Are you eligible for a pensioner concession?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Please provide proof</i>
Previous local government where cat was registered (transfers only)			
Previous registration number			

Previous Convictions

Do you have any convictions for offences against the Dog Act 1976, Cat Act 2011 or Animal Welfare Act 2002 in past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details, specifying the date of the conviction(s), nature of the offence and the legislation involved	
Are you currently banned, or have you ever been banned, from owning or keeping a cat under an order under the Dog Act 1976 section 46A(2) either permanently or for a period specified in the order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details of the order	

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, [name:]

of [residential address:]

*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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OFFICE USE ONLY

New Registration Number		Name of Registration Officer	
Registration Officer Signature		Date	

CAT REGISTRATION FEES

Duration	Full Rate	Concession Rate
1 Year	\$20.00	\$10.00
3 Years	\$42.50	\$21.25
Lifetime	\$100.00	\$50.00

If you are unsure about any of the information required for this application, please call 9576 4600 or email chatter@chittering.wa.gov.au





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CREDIT CARD PAYMENTS

Name as shown on the card													<input type="checkbox"/> 		<input type="checkbox"/> 							
Card Number																						
Expiry Date	/										Card Security Number											
Signature:													Amount:									