

DOG REGISTRATION (FORM 4)



6177 Great Northern Highway
PO Box 70
BINDOON WA 6502

(08) 9576 4600

chatter@chittering.wa.gov.au
www.chittering.wa.gov.au

Office Hours
8:30am – 4:30pm
Monday to Friday

New Registration

Transfer of Registration

CONTACT DETAILS

Owner Details

Given name(s)	
Surname	
Date of Birth	
Residential Address	
Postal Address	
Mobile	
Home/Work Phone	
Email	

Owner's Delegate Details

Given name(s)	
Surname	
Date of Birth	
Residential Address	
Postal Address	
Mobile	
Home/Work Phone	
Email	

Can your local government use this email address to issue renewal notices and other relevant information? Yes No

Can your local government use this email address to issue renewal notices and other relevant information? Yes No

Do you have any convictions for offences against the Dog Act 1976, Cat Act 2011 or Animal Welfare Act 2002 in the past three (3) years?

Yes No

If yes, please give details (attach supporting documents), 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 dog under an order under the Dog Act 1976 section 46A(2) either permanently or for a period specified in the order?

Yes No

If yes, please give details of the order (and attach supporting documents)

DOG(S) DETAILS

Address where the dog(s) is/are normally kept

Number of dogs to be located at these premises

Will the dog(s) be effectively confined in or at the premises identified above?

Yes No

DOG 1

ALL DETAILS ARE COMPULSORY

Name		Age	
Breed		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Microchip Number		Microchip Database Company	
Colour		Distinguishing marks	
Sterilised?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please see over for evidence to be attached to this application	
Is the dog to be kept as a dog for droving/tending stock?	Yes* <input type="checkbox"/> No <input type="checkbox"/>	*See over for more information on Dangerous and Working Dogs.	
Is the dog kept, or to be kept, as a commercial security dog?	Yes* <input type="checkbox"/> No <input type="checkbox"/>		
Has the dog been declared a dangerous dog?	Yes* <input type="checkbox"/> No <input type="checkbox"/>		
Is the dog a pit bull terrier, an American pit bull terrier or a mix of one or both of those breeds?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the dog a restricted breed?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the dog kept for the purposes of the Crown?	Yes* <input type="checkbox"/> No <input type="checkbox"/>		
Is the dog an Assistance dog?	Yes* <input type="checkbox"/> No <input type="checkbox"/>		

If you wish to keep more than two dogs, you will need to apply for permission via an *Application for Exemptions of Limitation of Number of Dogs* available on our website www.chittering.wa.gov.au

ANIMAL REGISTRATION – DOG (FORM 4, CONTINUED)

DOG 2 **ALL DETAILS ARE COMPULSORY**

Name	Age	Gender
Breed	Male <input type="checkbox"/> Female <input type="checkbox"/>	

Microchip Number	Microchip Database Company
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Colour	Distinguishing marks
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Sterilised? Yes No If yes, please see below for evidence to be attached to this application

Is the dog to be kept as a dog for droving/tending stock?	Yes* <input type="checkbox"/> No <input type="checkbox"/>	*See below for more information on Dangerous and Working Dogs.
Is the dog kept, or to be kept, as a commercial security dog?	Yes* <input type="checkbox"/> No <input type="checkbox"/>	
Has the dog been declared a dangerous dog?	Yes* <input type="checkbox"/> No <input type="checkbox"/>	
Is the dog a pit bull terrier, an American pit bull terrier or a mix of one or both of those breeds?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the dog a restricted breed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the dog kept for the purposes of the Crown?	Yes* <input type="checkbox"/> No <input type="checkbox"/>	
Is the dog an Assistance dog?	Yes* <input type="checkbox"/> No <input type="checkbox"/>	

TRANSFER OF REGISTRATION

DOG 1	Council	Registration	Expiry
DOG 2	Council	Registration	Expiry

DECLARATION BY OWNER OR DELEGATE

I declare and acknowledge that:

- The owner is aged 18 years or over.
- I certify that for the purpose of sections 16.1(A) of the Dog Act 1976 and 3.1(1) of the Dogs Local Law 2011 that above dogs will be effectively confined in or at the premises identified above.
- The information I have provided is true and correct. I am aware that it is an offence to provide false or misleading information.
- 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.
- Any change in particulars contained in this application including the sale or death of dog must be notified to the Shire of Chittering immediately.
- Dogs 3 months and over must be registered.
- Dog registrations expire on 31 October each year (as from 1 June each year, half the normal fee will be applicable to INITIAL ANNUAL registrations only.)

NAME	SIGNATURE	DATE
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OFFICE USE ONLY

Dog 1 Sterilisation Proof Provided Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Dog 2 Sterilisation Proof Provided Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Dangerous/Working Dog Proof Provided Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Assistance Dog /Crown Proof Provided Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Pensioner Card(s) Provided	Card 1	Card 2	
DOG 1	Tag #	Expires 31 October 20__	Lifetime
DOG 2	Tag #	Expires 31 October 20__	Lifetime

FEES PAID

	1 Year Renewal		3 Year Renewal		Lifetime		OTHER
	Full	Concession	Full	Concession	Full	Concession	Working Dog <input type="checkbox"/>
Sterilised	\$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 <input type="checkbox"/>	Assistance <input type="checkbox"/>
Unsterilised	\$50.00 <input type="checkbox"/>	\$25.00 <input type="checkbox"/>	\$120.00 <input type="checkbox"/>	\$60.00 <input type="checkbox"/>	\$250.00 <input type="checkbox"/>	\$125.00 <input type="checkbox"/>	Crown <input type="checkbox"/>
Dangerous	\$50.00 <input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	

Signature of Registration Officer	Date
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PENSIONER DISCOUNT	STERILISATION DISCOUNT	DANGEROUS AND WORKING DOGS
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<p>To be eligible for a 50% concession, pensioners must produce two of the following:</p> <ol style="list-style-type: none"> Pensioner Concession Card WA Seniors Card Commonwealth Seniors Health Card together with a Seniors Card State Concession Card <p>If you are mailing your application, please include a photocopy of the relevant card (showing both front and back of card).</p>	<p>To be eligible for the sterilised rate you must produce one of the following:</p> <ol style="list-style-type: none"> Veterinary Surgeon's Certificate Signed Statutory Declaration (form available at Shire Administration Office) Authorised Officer sighting ear tattoo <p>Previous Registration Certificates are not acceptable</p>	<ul style="list-style-type: none"> If your dog is intended for droving/tending stock, a 75% Discount is applicable but proof must be provided with this application. Security/Commercial Dogs are automatically classed as Dangerous Dogs. Dangerous Dogs can only be registered for 1 year periods at a time, at a cost of \$50.00. Assistance Dogs and dogs kept for the purposes of the Crown are free to register on receipt of supporting evidence
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PAYMENT

Payments for complete applications can be made:

- In person at the Shire Administration Office, 6177 Great Northern Highway, Bindoon.
- By Mail, by including a cheque or money order with your registration form and ALL copies of relevant certificates, and posted to Shire of Chittering, P.O. Box 70, Bindoon W.A. 6502.
- By Credit Card using the form below or calling the office on 08 9576 4600

CREDIT CARD PAYMENTS

Card Type	Mastercard	<input type="checkbox"/>	Visa	<input type="checkbox"/>
Cardholder Name				
Card Number				
Expiry Date				
Security Code				
Signature				
Amount				