

# Dog – Application for Registration

Application for Certificate of Registration WA *Dog Act 1976*

| Owner Details (One owner only) – Full name in BLOCK LETTERS) |                   | Dog Details  |   |
|--|-------------------|--|---|
| Mr/Mrs/Miss/Ms   | Surname:          | Name of dog:   |   |
| Given name/s:  |                   | Colour:  | Breed:  |
| Address:   |                   | Microchip No:  |   |
| Suburb:  | Postcode:         | Sex:   | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of birth:   | Telephone (Home): | Proof of sterilisation must be provided?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| Work:  | Mobile:           | Premises kept (where the dog will ordinarily be kept):   |   |
| Email address:   |                   | Is the dog kept, as a commercial security dog?           | <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| Alternative Contact Details                                  |                   |  |   |
| Mr/Mrs/Miss/Ms   | Name:             | Has the dog been declared a dangerous dog?               |   |
| Residential Address:   |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Date of birth:   | Telephone (Home): | If yes, please provide details:                          |   |
| Work:  | Mobile:           |  |   |
| Email address:   |                   |  |   |

| Very Important  | Owner's or Agent's declaration – I declare that:  |            |       |
|---|---|------------|-------|
| <ul style="list-style-type: none"> <li>Any change in particulars contained in this application including sale or death of dog <b>MUST</b> be notified to the City immediately.</li> <li>Dogs three months and over must be registered.</li> <li>Dog registrations expire on 31 October each year (as from 1 June of each year, half the normal fee will be applicable to FIRST annual registrations only).</li> </ul> | <p>a. I am not, or the Owner is not, under eighteen years of age;</p> <p>b. The particulars shown in this application are true to the best of my knowledge and belief;</p> <p>c. For the purposes of section 16 (1a) of the Act that means exist on the premises at which the dog will ordinarily be kept for effectively confining the dog within those premises;</p> <p>d. For the purposes of section 16(3)(a) of the <i>Dog Act 1976</i>, I have not been convicted of an offence under the <i>Cat Act 2011</i>, <i>Dog Act 1976</i> or <i>Animal Welfare Act 2002</i> within the last three years; and</p> <p>e. I am not currently banned, or have ever been banned from owning a dog under the <i>Dog Act 1976</i> either permanently or for a period specified.</p> |            |       |
|   | <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%;">Signature:</td> <td style="border: none; width: 30%;">Date:</td> </tr> </table>   | Signature: | Date: |
| Signature:  | Date:   |            |       |

| Office Use Only            |   |  |  |                                 |  |  |            |             |       |  |
|----------------------------|---|--|--|---------------------------------|--|--|------------|-------------|-------|--|
| Tag Number:                | D |  |  |                                 |  |  | Animal ID: |             | Date: |  |
| Registration Officer Name: |   |  |  | Registration Officer Signature: |  |  |            | Receipt No: |       |  |

DO NOT DETACH

## Dog - Application for Registration

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### METHOD OF PAYMENT

1. **The City's Customer Service Centres:**
  - **Whitford Customer Service Centre**  
15 Banks Avenue, Hillarys  
Mon – Fri: 9.30am – 5.30pm  
Sat: 9.30am – 1.00pm  
(located near Library)
  - **Joondalup Customer Service Centre**  
90 Boas Ave, Joondalup  
Mon – Fri: 8.30am – 5.00pm
2. **By Mail:** Make cheques payable to:  
City of Joondalup, P O Box 21, Joondalup WA 6919
3. **By email:** [info@joondalup.wa.gov.au](mailto:info@joondalup.wa.gov.au)

**For fees and credit card payment, please see reverse of this form.**

PLEASE  
INSERT  
YOUR  
NAME AND  
ADDRESS  
DETAILS

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# Credit Card Authorisation (Dog Registration)

This form is to be completed by the card holder.

| Fees Payable  |         |          |          |                    |         |          |  |
|---|---------|----------|----------|--------------------|---------|----------|--|
| Pensioner concessions can only be applied on production of a current Pensioner Concession Card, State Concession Card, Veteran's Card or a Senior's Card together with a Commonwealth Senior's Health Card. |         |          |          |                    |         |          |  |
|   | Full    |          |          | Pension Concession |         |          | Sterilised fees will apply upon production of either:<br><ul style="list-style-type: none"> <li>Veterinary Surgeon's Certificate;</li> <li>Signed Statutory Declaration (obtained from this office); or</li> <li>Officer sighting ear tattoo at this office.</li> </ul> Proof of microchip exemption from a veterinarian must be provided. |
|   | 1 yr    | 3 yrs    | Lifetime | 1 yr               | 3 yrs   | Lifetime |  |
| Unsterilised  | \$50.00 | \$120.00 | \$250.00 | \$25.00            | \$60.00 | \$125.00 |  |
| Sterilised  | \$20.00 | \$42.50  | \$100.00 | \$10.00            | \$21.25 | \$50.00  |  |

## Card Holder Authorisation

I hereby authorise the City of Joondalup to debit the credit card identified below for the amount of \$ \_\_\_\_\_ (total amount due).  
 I acknowledge that a declined payment may instigate collection proceedings by the City of Joondalup.

## Personal Details

|  |          |                                      |           |
|--|----------|--------------------------------------|-----------|
| Mr/Mrs/Miss/Ms   | Surname: | Given name/s:                        |           |
| Address:   |          | Suburb:                              | Postcode: |
| Billing Address (if different from above):                                       |          |                                      |           |
| Phone:   |          | Date:                                |           |
| Signed (to be signed by a City of Joondalup Officer if telephone authorisation): |          |                                      |           |
| Cardholder Signature:  |          | City of Joondalup Officer Signature: |           |

## Office Use Only

|                |                                 |  |  |
|----------------|---------------------------------|--|--|
| Received by:   |                                 |  |  |
| Authorised by: | Signature:                      |  |  |
| Date:          | Invoice Number: (if applicable) |  |  |

DO NOT DETACH

## Credit Card Information

|   |                      |                       |   |
|---|----------------------|-----------------------|---|
| Credit Card Number:                                       |                      |                       |   |
| <input type="text"/>                                      | <input type="text"/> | <input type="text"/>  | <input type="text"/>  |
| Expiry Date:  |                      | Card Security Number: | Credit Card Type:   |
| <input type="text"/>                                      | <input type="text"/> | <input type="text"/>  | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard |
| Name on Card:   |                      |                       |   |
| Signature: _____ (leave blank if received over the phone) |                      |                       |   |