

Cat – Application for Registration

Application for Certificate of Registration WA *Cat Act 2011*

Owner Details (one owner only) – please print full name in BLOCK LETTERS																										
Mr/Mrs/Miss/Ms	Surname:		Given name:																							
Residential address:					Postcode:																					
Postal address (if different from above):					Postcode:																					
Telephone (Home):		Work:	Mobile:																							
Email:			Owner's date of birth:																							
Can the City of Joondalup use this email address to issue renewal notices and other relevant information? <input type="checkbox"/> Yes <input type="checkbox"/> No																										
Cat Details																										
Name of cat:																										
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Microchip Number:																								
Colour:	Breed:			Age:																						
Sterilised: <input type="checkbox"/> Yes (proof of sterilisation* must be attached) <input type="checkbox"/> No																										
*Veterinary Surgeon's certificate, Statutory Declaration (obtained from this office) or authorised officer sighting ear tattoo.																										
If not sterilised/microchipped, is the exemption granted by a veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No																										
If yes, please give details of the exemption including details of issuing veterinarian (proof must be attached):																										
Is the custodian a member of a prescribed organisation? <input type="checkbox"/> Yes (please give details of the organisation) <input type="checkbox"/> No																										
Approved breeder: <input type="checkbox"/> Yes <input type="checkbox"/> No		Any distinguishing features or marks:																								
Address where cat is normally kept (if different from above):																										
					Number of cats located at these premises:																					
Alternative Contact Details																										
Name:				Date of birth:																						
Telephone (Home):			Mobile:																							
Address:					Postcode:																					
Postal Address (if different from above):					Postcode:																					
Owner's or Agent's Declaration				Fees Payable for Renewals																						
I declare that: a. I am not, or the Owner is not, under eighteen years of age; b. The particulars shown in this application are true to the best of my knowledge and belief; and c. I certify for the purposes of Sect 9(2)(e) of the <i>Cat Act 2011</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 3 years.				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.																						
Signature:				Date:																						
				<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Full</th> <th colspan="3">Pension Concession</th> </tr> <tr> <th>1 yr</th> <th>3 yrs</th> <th>Lifetime</th> <th>1 yr</th> <th>3 yrs</th> <th>Lifetime</th> </tr> </thead> <tbody> <tr> <td>Sterilised</td> <td>\$20.00</td> <td>\$42.50</td> <td>\$100.00</td> <td>\$10.00</td> <td>\$21.25</td> <td>\$50.00</td> </tr> </tbody> </table>				Full			Pension Concession			1 yr	3 yrs	Lifetime	1 yr	3 yrs	Lifetime	Sterilised	\$20.00	\$42.50	\$100.00	\$10.00	\$21.25	\$50.00
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DO NOT DETACH

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PLEASE
INSERT
YOUR
NAME
AND
ADDRESS
DETAILS

METHOD OF PAYMENT

- The City's Customer Service Centres:**
Payment can be made by cash, cheque, credit card or EFTPOS at either of the following locations:
 - Joondalup Customer Service Centre**
90 Boas Ave, Joondalup – Mon – Fri: 8.30am – 5.00pm, last payment 4.30pm.
- By Mail:** Make cheques payable to:
City of Joondalup, P O Box 21, Joondalup WA 6919
- By email:** info@joondalup.wa.gov.au

Credit Card Authorisation (Cat Registration)

This form is to be completed by the card holder.

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

Name:

Address:

Billing Address: (if different from above)

Phone:

Date:

Signature:

Very Important

- Any change in particulars contained in this application including sale or death of cat MUST be notified to the City immediately.
- Cats six months and over must be registered.
- Cat 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).

Office Use Only

Tag Number:

C

Receipt Number :

Animal ID:

Date:

Officer Name:

Officer Signature:

FORM 26 – LAST UPDATED OCTOBER 2019

DO NOT DETACH

Credit Card Information

Credit Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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Card Security Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Credit Card Type:

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
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Name on Card:

Signature:

(leave blank if received over the phone)