

# 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.																			
							<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th></th> <th colspan="3">Full</th> <th colspan="3">Pension Concession</th> </tr> <tr style="background-color: #d9e1f2;"> <th></th> <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
	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																	
Signature:		Date:																					

DO NOT DETACH

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PLEASE  
INSERT  
YOUR  
NAME  
AND  
ADDRESS  
DETAILS

### METHOD OF PAYMENT

1. **Customer Care Centre:**  
Payment can be made by cash, cheque, credit card or EFTPOS at the following location:
  - **Customer Care Centre**  
90 Boas Ave, Joondalup – Mon – Fri: 8.30am – 5.00pm, last payment 4.30pm.
2. **By Mail:** Make cheques payable to:  
City of Joondalup, P O Box 21, Joondalup WA 6919
3. All email communications to [info@joondalup.wa.gov.au](mailto:info@joondalup.wa.gov.au)

**Office Use Only**

Tag Number:	<input type="text" value="C"/> <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"/>	Receipt Number :	
Animal ID:	<input type="text"/>	Date:	
Officer Name:		Officer Signature:	