

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	
Surname:		Address where dog is normally kept (if different)	
Given name/s:		_____	
Address:		Name of dog:	
Suburb:	Postcode:	Colour:	Breed:
Date of birth:	Telephone (Home):	Microchip No:	
Work:	Mobile:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email address:		Proof of sterilisation must be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can your local government use this email address to issue renewal notices and other relevant information? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of dogs to be located at these premises:	
Alternative Contact Details			
Name/Owner's Delegate:			
Residential Address:			
Postal Address: (if difference from above)			
Date of birth:	Telephone (Home):		
Work:	Mobile:		
Email address:			
Will the dog/s be effectively confined in or at the premises identified above? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the dog kept as a commercial security dog? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the dog kept for the purpose of the Crown? (If yes, note that the <i>Dog Act 1976</i> does not apply: section 64) <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the dog a pit bull terrier, an American pit bull terrier or a mix of one of or both of those breeds? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Has the dog been declared dangerous? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Very Important	Owner's or Agent's declaration – I declare that:		
<ul style="list-style-type: none"> Please notify the City immediately if there is a change in particulars contained in this application including sale or death of dog. Dogs three months and over must be registered. 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). 	<ol style="list-style-type: none"> 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; 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; 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 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. 		
	<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:		

DO NOT DETACH

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PLEASE INSERT YOUR NAME AND ADDRESS DETAILS

PAYMENT METHODS

Internet
Visit the City's website at joondalup.wa.gov.au and follow the links to make online payments with your credit card

Customer Care Centre:
Payment can be made **until 30 minutes prior to closing**, by cash, cheque, credit card or EFTPOS at the following location:

Customer Care Centre
90 Boas Ave, Joondalup
Monday – Friday: 8.30am – 5.00pm

By Mail: Make cheques payable to:
City of Joondalup, PO Box 21, Joondalup WA 6919
All email communication to: info@joondalup.wa.gov.au

For fees, please see reverse of this form.

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: <ul style="list-style-type: none"> • Veterinary Surgeon's Certificate; • Signed Statutory Declaration (obtained from this office); or • Officer sighting ear tattoo at this office. 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	