

Application for Cat Registration

CAT ACT 2011

toc@claremont.wa.gov.au

308 Stirling Highway Claremont 6010

PO Box 54 Claremont WA 6010

www.claremont.wa.gov.au

Owner Details		Cat Details	
Mr/Mrs/Ms	Surname:	Name of Cat:	
Given name/s:		Breed:	Age/Date of Birth:
Address:		Primary Colour :	Number of cats on property:
		Secondary Colour :	
Suburb:	Postcode:	Microchip no:	
		* Proof required.	
Date of Birth:	Mobile:	If No Please provide exemption and authorising Vet	
		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Email Address:		Sterilised: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		*Proof required.	
		If No Please provide exemption and authorising Vet	
Alternative Contact Details (Co Owner)		Is the custodian a member of a prescribed exempt organization ?	
Mr/Mrs/Ms	Surname :	<input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes attach details	
Given name/s:		Are you an approved breeder?	
Address:		<input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes attach details	
Suburb:	Postcode:	Do you have any convictions under the <i>Cat Act 2011, Dog Act 1976 or Animal Welfare Act 2002?</i>	
Date of Birth:	Mobile:	<input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, provide details	
Email address:			
Declaration			
I, _____ of _____ declare			
(Print Full Name)		(Address)	
I am over the age of 18 and the information I have provided is true and correct. I am aware that it is an offence to provide false information.			
Signature: _____		Date: _____	
Please inform the Town if your address changes, ownership changes or your cat passes away.			

Animal Registrations expire on 31 October each year

As from 1 June each year, half the normal fee will be applicable to FIRST annual registrations only

Please Circle the Registration Amount to Pay

	Full			Pension Concession			Pensioner concessions can only be applied on production of current Pensioner Concession Card. Sterilised fees will apply upon production of either: Veterinary Surgeon's Certificate; Signed Statutory Declaration; or Officer sighting ear tattoo at this office
	1yr	3yrs	Lifetime	1yr	3yrs	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	

Registration tags must be worn by animals at all times. Tags will be issued after registration has been processed. Please select;

☐ Collect From the Town of Claremont Administration Office (no charge)
 ☐ Post to owners address (\$6 fee)

Methods Of Payment

All options require processing time by the Town. Tags and certificates will be issued at a later date.

<p>In Person:</p> <p>Present this notice INTACT together with documentation to the counter at the</p> <p>Town of Claremont Administration Office Claremont One 308 Stirling Hwy Claremont WA 6010</p>	<p>By Mail:</p> <p>Send this notice INTACT together with documentation and must include EITHER your cheque or completed credit card authorisation to</p> <p>Town of Claremont PO Box 54 Claremont WA 6010</p>
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Credit Card Authorisation

Registration Fee \$ _____

Postage Fee (Optional) _____

I hereby authorise the Town of Claremont to debit the credit card identified below for the amount of \$ _____

Mr/Mrs/Miss/Ms Surname:	Given name/s:
Address:	
Phone:	

Credit Card Information

Credit Card number: _____

Credit Card type: ☐ Visa ☐ Mastercard Expiry date: ____ / ____ Security number: _____

Name on Card:

Signature: