

Application for Dog Registration

DOG ACT 1976

toc@claremont.wa.gov.au

308 Stirling Highway Claremont 6010

PO Box 54 Claremont WA 6010

www.claremont.wa.gov.au

Owner Details		Dog Details	
Mr/Mrs/Ms	Surname:	Name of Dog :	
Given name/s:		Breed(s) *Please note if a crossbreed name the two main breeds Primary : Secondary :	
Address:		Colour Primary : Secondary :	
Suburb:	Postcode:		
Date of Birth:	Mobile:		
Email Address:		Age/Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Alternative Contact Details (Co Owner)		Microchip no:	
Mr/Mrs/Ms	Surname :	* Proof required.	
Given name/s:		If No Please provide exemption and authorising Vet	
Address:		Sterilised: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Suburb:		* Proof required.	
Postcode:		If No Please provide exemption and authorising Vet	
Date of Birth:	Mobile:	Total Number of dogs on property:	
Email address:		Select Use of Dog <input type="checkbox"/> Domestic Pet <input type="checkbox"/> Commercial Security Dog <input type="checkbox"/> Working Dog <input type="checkbox"/> Disability Dog <input type="checkbox"/> Guide Dog	
Has the dog been declared a Dangerous Dog <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes provide details			
Do you have any convictions under the Cat Act 2011, Dog Act 1976 or Animal Welfare Act 2002? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, provide details			
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 dog passes away.			

Fees Payable							
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 always worn by animals when not on the property. Tags will be issued after registration has been processed. Please select; <input type="checkbox"/> Collect From the Town of Claremont Administration Office (no charge) <input type="checkbox"/> 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.							
In Person: Present this notice INTACT together with documentation to the counter at the Town of Claremont Administration Office Claremont One 308 Stirling Hwy Claremont WA 6010				By Mail: Send this notice INTACT together with documentation with EITHER your cheque or completed credit card authorization to Town of Claremont PO Box 54 Claremont WA 6010			
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:							
Cardholders Signature:							
Credit Card Information							
Credit Card number: _____							
Credit Card type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Expiry date: ____ / ____ Security number: _____							
Name on Card:							
Signature:							