

1915 Pinjarra Road, Pinjarra WA6208 Postal Address: PO BOX 21, Pinjarra WA6208 Ph (08) 9531 7777 Fax (08) 9531 1981

| Application/In | formation Form to | |
|--|---------------------------------------|---|
| | Cat Act 2011 - Schedule 1 - Form | 1 |
| New Registration | | Transfer from previous council |
| PLEASE NOTE – An Original Certificate of Ster with this application form. | rilisation and Microchip Registration | or certified copies thereof must be submitted |
| PART A — Owner Details | | |
| Cat owner's full name: | (Alidda Nove) | (Dumont) |
| | | (Surname) |
| Postal address: (if different from above) | | |
| | | |
| Can the Shire of Murray use this email addre | | |
| Contact telephone number/s: (H) | (W) | (M) |
| Owner's delegate contact details | | |
| Contact Name: | (Middle Name) | (Surname) |
| Desidential address: | | () |
| Postal address: (if different from above) | | |
| | | |
| | | (M) |
| PART B — Cat Details | | |
| Address where cat is normally kept: (if different fro | om above) | |
| Number of cats to be located at these premis | Ses: | |
| Cat's name: | | Date of Birth: |
| Breed: | | Breed: |
| Primary Colour: | Secondary Colour: | □ Male □ Female |
| Microchip number: | | □ □ Is the cat sterilised? □ Yes □ No |
| If No : Is the exemption granted by a veterina | rian? 🛛 Yes 🖾 No | |
| Please give details of the exemption including | g details of issuing veterinarian and | written confirmation |
| Is the custodian a member of a prescribed ex | kempt organisation? | 0 |
| Please give details of the prescribed exempt | organisation: | |
| Approved breeder? ☐ Yes ☐ No | | |
| PART C — Notification of New Owner (if a | applicable) | |
| New owner's name: | | |
| (First Name) Residential address: | (Middle Name) | (Surname) |

Contact telephone number/s: (H) _____(W) _____(M) _____(M)

| PART D — Application for Approved Breeder | | | | |
|---|--|--|--|--|
| Application to be an approved breeder (\checkmark) \Box Yes \Box No (go to PART E) | | | | |
| (individual application required for each cat) | | | | |
| Breed of cats to be bred: | | | | |
| Number of breeding cats to be kept at the property: | | | | |
| Description of facilities: | | | | |
| Membership of following prescribed organisation: Control Council of Western Australia (FCCWA) Australian National Cats (ANCATS) Cat Owners Association of Western Australia (COAWA) | | | | |
| PART E — Registration | | | | |
| Application or renewal for a period of (\checkmark) : | | | | |
| 1 year registration3 year registrationPensionerPensionerFullConsession\$20.00\$10.00\$42.50\$21.2511 | Lifetime registration+Breeding cat fee (if applicable)Pensioner FullConsessionPer breeding cat (paid annually)\$100.00\$50.00\$100.00111 | | | |
| or, previous local government where cat was registered: | registration # | | | |
| PART F — Previous Convictions | | | | |
| Do you have any convictions for offences against the Dog A | Act 1976, Cat Act 2011 or Animal Welfare Act 2002 in past 3 years? | | | |
| □ Yes □ No | | | | |
| If Yes , please give details, specify the date of the convictio | n(s), nature of the offence(s) and the legislation involved. | | | |
| | | | | |
| PART G — Declaration | | | | |
| The Shire of Murray may refuse an application if any or all of the required information is not provided within the time period specified in the legislation. | | | | |
| l, | of | | | |
| declare that the information I have provided is true and correct. I am aware that it is an offence to provide false and misleading information. | | | | |
| Signature: | Date: / / | | | |
| Payment Options | | | | |
| PAYING BY POST | PAYING IN PERSON | | | |
| Shire of Murray PO Box 21 PINJARRA WA 6208 | Cash, Cheque, EFTPOS, Money Order or Credit Card payments can be taken in person at; | | | |
| Complete and return this form with your cheque or money order made payable to the Shire of Murray | Shire of Murray Administration Office 1915 Pinjarra Road PINJARRA WA 6208 | | | |
| Please note cash will <u>NOT</u> be accepted by mail | Office Hours: Mon – Fri 8.30am to 4.30pm | | | |
| PAYING BY CREDIT CARD VISA (Tick One Box) VISA | Master Card | | | |
| Card Number: | | | | |
| Card Holder Name: | CCV: | | | |
| Expiry Date: / | Amount: \$ | | | |
| Card Holder's Signature: | Date Signed: / / | | | |
| Shire of Murray Use Only | | | | |
| Registration approved (✓): □ Yes □ No Receipt Number: | Signed: | | | |

| Reo | istration | Number: | |
|-----|-----------|---------|--|

Approved breeder (\checkmark): \Box Yes \Box No Conditions of approval: