

CAT 1: DETAILS		
Cat's Name:	Age:	Gender: Female Male
Colour:	Breed (if known):	
Is the cat microchipped?		
Yes Microchip Number*: _____ * Copy of Microchip Form must be attached		
No Exempt* _____ * Copy of Certificate from Veterinarian must be attached		
Registration Fee:	Prescribed Breeder Fee: 1 year: \$100	Total Fee per cat: _____

CAT 2: DETAILS		
Cat's Name:	Age:	Gender: Female Male
Colour:	Breed (if known):	
Is the cat microchipped?		
Yes Microchip Number*: _____ * Copy of Microchip Form must be attached		
No Exempt* _____ * Copy of Certificate from Veterinarian must be attached		
Registration Fee:	Prescribed Breeder Fee: 1 year: \$100	Total Fee per cat: _____

CAT 3: DETAILS		
Cat's Name:	Age:	Gender: Female Male
Colour:	Breed (if known):	
Is the cat microchipped?		
Yes Microchip Number*: _____ * Copy of Microchip Form must be attached		
No Exempt* _____ * Copy of Certificate from Veterinarian must be attached		
Registration Fee:	Prescribed Breeder Fee: 1 year: \$100	Total Fee per cat: _____

CAT 4: DETAILS		
Cat's Name:	Age:	Gender: Female Male
Colour:	Breed (if known):	
Is the cat microchipped?		
Yes Microchip Number*: _____ * Copy of Microchip Form must be attached		
No Exempt* _____ * Copy of Certificate from Veterinarian must be attached		
Registration Fee:	Prescribed Breeder Fee: 1 year: \$100	Total Fee per cat: _____

PART G: DECLARATION

The City may refuse an application if any or all of the required information is not provided within the time period specified in the legislation.

I, _____

(person's full name or organisation/company name)

of _____ (address)

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.

SIGNED: _____ Date: _____

PAYMENT OPTIONS

A) BY POST - Please return all paperwork with your cheque or money order, made payable

to: CITY OF KALAMUNDA
PO Box 42,
Kalamunda WA 6926

B) OR IN PERSON at the City of Kalamunda Administration Centre, 2 Railway Road, Kalamunda
(during normal office hours)

C) OR BY CREDIT CARD: (0.46% surcharge applies)

COPY ALL DETAILS FROM YOUR CARD IN THE SPACE BELOW -

CARD TYPE (Please tick the appropriate box):



CARD NO: _ _ _ _ _ / _ _ _ _ _ EXP: _ _ / _ _ CSV: _ _ _

Card Holder's Name:

Signature:

Date:

Phone: (H)

(Mob)

AUTHORISED PAYMENT: Registration Fee Total \$ _____ x Cat Breeder Fee _____ (no. of cats x \$100)
= TOTAL \$ _____

PART H: LOCAL GOVERNMENT USE ONLY

Approved Breeder:

Registrations approved:

Conditions of approval:

Assigned Cat Breeder Registration Number: _____

ASSIGNED REGISTRATION NUMBERS:

Cat 1: _____ Cat 2: _____ Cat 3: _____

Cat 4: _____ Cat 5: _____ Cat 6: _____

Registration is not valid unless receipt attached.