

Cat Registration

Registration Form

WA Cat Act 2011



New: ☐ Renewal: ☐ Transfer - Previous Council:

OWNER DETAILS

Given Name: Surname:

Email: D.O.B:

Telephone (home): (Work): (Mobile):

Residential Address:

Suburb: Post Code:

Emergency Contact Details:

Name: Telephone:

Animal Details

Cat's Name:	Sex:	Sterilised:	Age:	Breed:	Colour:	Microchip Number:
		Yes ☐ No ☐				
		Yes ☐ No ☐				

*If **YES** to sterilisation – proof must be provided (i.e. Sterilisation Certificate or Statutory Declaration)

*If **No** to sterilisation &/or Microchip – Is exemption granted by a veterinarian? (Proof of exemption must be provided)

** If you have more than two cats, you are required to apply for a Permit to Keep More than the Standard Number of Cats.

OWNER DECLARATION

Do you have any convictions for offences against the

Cat Act 2011, Dog Act 1976 or Animal Welfare Act 2002 within the past 3 years?

Yes ☐ No ☐

*If **Yes** – details must be provided specifying the nature of the offence, date of conviction(s) and legislation involved.

I acknowledge that the City of Kalamunda collects my personal information for the purpose of processing this application and administering animal registrations in accordance with relevant legislation. For information about how the City manages your personal information, please refer to the City's Privacy & Responsible Information Sharing page.

I, the undersigned, make application for the registration of the cat described above and declare that:

- I am over eighteen years of age;
- The particulars shown in this application are true and correct to the best of my knowledge and belief;
- I am aware that it is an offence to provide false and misleading information.

Name:

Printed Name of Owner

Signed:

Signature of Owner

Date:

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AUTHORISED OFFICER DECLARATION

Relevant concession card sighted by an Authorised Officer.

Name:

Signed

Date:

Office Use Only

Receipt Number:		Date:	Signed: Signature of Registration Officer
Tag Numbers:	1:	2:	

IMPORTANT INFORMATION

- » The registration period runs from 1 November to 31 October each year. The expiry date of this registration is shown on your cat's registration certificate, and on your cat's registration tag.
- » First time one year registrations received on or after 1 June each year are subject to a 50% concession on the ordinary fees.
- » It is important to notify the City of Kalamunda of any change of address or ownership of the cat within 7 days.
- » All cats aged six months and over must be sterilised (unless approved by local government as a Cat Breeder, conditions apply), microchipped and registered. Proof of sterilisation is required and the microchip number must be provided with the application, it will then be added to the City database.
- » Cats must wear a current registration tag attached to their collar. This will help Rangers reunite you with your cat should it become lost.
- » The maximum number of cats is two (2) per property in the City of Kalamunda.
- » Council approval is required to keep more than the prescribed number (2) per property.

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Payment Details											
Standard Fees Per Cat						Concession Fees Per Cat*					
1 Year	\$20.00	3 Years	\$42.50	Lifetime	\$100.00	1 Year	\$10.00	3 Years	\$21.25	Lifetime	\$50.00

* Pensioner Fees are 50% of the Standard Fees Payable. A valid Pensioner Concession Card, or Seniors Card AND Commonwealth Seniors Health Care Card must be presented for sighting by an Authorised Officer to receive the pensioner concession.

PAYMENT METHODS



In Person

2 Railway Road, Kalamunda (Cash, Cheque, Money Order, Credit Card or EFTPOS)



By Mail

Post a Cheque or Money Order with the completed Cat Registration Application to:
City of Kalamunda, PO BOX 42 KALAMUNDA WA 6926



Email & Fax

Em enquiries@kalamunda.wa.gov.au | **Fx** 9293 2715



Credit Card Payment

Only MasterCard or Visa will be accepted



Phone

9257 9999 for additional information.

Please note payment cannot be made until a completed Application form has been received by the City.

Payment by Credit or Debit Card

Cardholders Name:			☐ MasterCard	☐ Visa
Card Number:				
Expiry Date	CVC	Amount \$		
Signature:		Date:		