



Cat Act 2011, Cat Regulations 2012, Animals, Environment & Nuisance Local Law 2016

Cat Registration Form

Cat registrations are due for renewal on the 1st of November, so your first registration year will always be short of a full year (unless done in November).

Your email address will be used for renewal and other notifications. If no email is supplied, your postal address will be used instead.

PART A – OWNER’S DETAILS			
Full Name			
Residential Address			
Postal Address <i>(If different from above)</i>			
Date of Birth <i>(dd/mm/yyyy)</i>		<i>Owner must be 18 years or older</i>	
Email Address			
Phone Number		Mobile Number	
OPTIONAL – SECONDARY PERSON’S CONTACT DETAILS			
Full Name			
Residential Address			
Postal Address <i>(If different from above)</i>			
Date of Birth <i>(dd/mm/yyyy)</i>		<i>Secondary contact must be 18 years or older</i>	
Email Address			
Phone Number		Mobile Number	

How to return this form:

- Attach completed PDF to an email and send to shire@lakegrace.wa.gov.au
- Post to PO Box 50, Lake Grace WA 6353
- Hand in to the Shire Front Reception at 1 Bishop St, Lake Grace





Attach copies of Page 2 and 3 (Parts B and C) if registering multiple cats. Part D – Previous Convictions only needs to be filled out once.

You may only keep up to 3 cats above the age of 6 months at a premises at once. Any more will require a Multipet Permit.

PART B – CAT DETAILS			
Cat's Name		Gender	<input type="radio"/> Male <input type="radio"/> Female
Breed (if known)		Date of Birth (dd/mm/yyyy)	
Colour		Distinguishing Marks or Features	
Address Cat is Kept			
Number of cats (including all cats to be registered) kept at the premises		Number of dogs kept at the premises	
Microchip Number		Microchip Database Company	
Please give details of the prescribed exempt organisation (if applicable)			
Is your Cat Sterilised?	<input type="radio"/> Yes <input type="radio"/> No	Sterilisation Proof Provided	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Exemption
Sterilisation Exemption Details (if applicable)			
Is the custodian a member of a prescribed exempt organisation?			<input type="radio"/> Yes <input type="radio"/> No
Are you <u>already</u> an approved Breeder?	<input type="radio"/> Yes <input type="radio"/> No	There is a separate form to complete to become a Cat Breeder	

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PART C – REGISTRATION			
Cat Name		<i>To separate which registration is for which cat when registering multiple cats at once</i>	
Registration Period	<input type="radio"/> 1-year <input type="radio"/> 3-years <input type="radio"/> Lifetime <input type="radio"/> Duration transferred from previous Local Government		
Owner is Pensioner (proof to be provided)	<input type="radio"/> Yes <input type="radio"/> No	<i>Concession card to be valid at time of application to be eligible for 50% discount</i>	
Previous Local Government where Cat was Registered (if applicable)			
Previous Registration # (if applicable)		Previous Registration Expiry date (if applicable)	<input type="radio"/> 31/10/20_____ <input type="radio"/> Lifetime
OFFICE USE ONLY			
Registration Approved	<input type="radio"/> Yes <input type="radio"/> No	Assigned Tag / Registration #	
PART D – PREVIOUS CONVICTIONS			
Do you have any convictions for offences against the Cat Act 2011, Dog Act 1976 or Animal Welfare Act 2002 in the past 3 years?		<input type="radio"/> Yes	<input type="radio"/> No
If yes, please give details, specifying in the date of the conviction(s), nature of the offence and legislation involved below:			

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PART E – DECLARATION			
The local government may refuse an application if any or all the required information is not provided within the time period specified in the legislation.			
I,		Full Name or Organisation	
Of		Residential 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.			
Applicant's Signature		Date (dd/mm/yyyy)	

All new applications are required to be paid in person (we cannot take EFTPOS or EFT payments for this registration).

Please ensure you provide proof of sterilisation and microchipping upon application.

OFFICE USE ONLY			
Total Fee		Receipt #	
Authorising Officer		Record #	

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