

# Application for Dog Registration


308 Stirling Hwy Claremont

DOG ACT 1976  
toc@claremont.wa.gov.au  
PO Box 54 Claremont WA 6010

Owner Details (One owner only) - Full name in BLOCK LETTERS	
Mr/Mrs/Ms	Surname:
Given name/s:	
Address:	
Suburb:	Postcode:
Date of Birth:	Ph(Home):
Work:	Mobile:
Email Address:	
Alternative Contact Details	
Mr/Mrs/Ms	Name:
Residential Address:	
Date of Birth:	Ph (Hm):
Work:	Mobile:
Email address:	

Dog Details	
Name of Dog:	
Colour:	
Breed:	
Microchip no:*	
*Proof required	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Sterilised:	<input type="checkbox"/> Yes* <input type="checkbox"/> No
*Proof required	
Age / Date of birth:	
Address where the dog will primarily be kept:	
Is the dog kept as a commercial security dog	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the dog been declared a Dangerous dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	

Number of Dogs to be located at these premises?
Are you subject to any orders regarding being banned from owning or keeping a dog? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, provide details
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="checkbox"/> Yes* <input type="checkbox"/> No *If yes, specify date and nature of offence and legislation involved:
DECLARATION TO BE COMPLETED:
The Town of Claremont may refuse an application if any or all of the required information is not provided within the time period specified in the legislation. I am not, or the Owner is not, under 18 years of age.
I, _____ of _____ declare (Print Full Name) (Address)
The information I have provided is true and correct. I am aware that it is an offence to provide false information.
Signature: _____ Date: _____

CERTIFICATE OF DOG REGISTRATION	
DOG ACT 1976 S16 (6) (A)	
 <p>TOWN OF CLAREMONT Est 1898</p>	
This is to certify that:	
Name of Dog:	Age: M/F:
Breed:	Colour: Sterilised:
Has been registered to:	
Owner:	Address:
By the Town of Claremont	This registration expires on:
Animal number: <input type="text"/> Tag number: <input type="text"/> Receipt number: <input type="text"/> Amount: \$ <input type="text"/> Registration: <input type="checkbox"/> 1yr <input type="checkbox"/> 3yrs <input type="checkbox"/> Life Officer sign: <input type="text"/> Date: <input type="text"/>	

**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).**

**Pensioner concessions can only be applied on production of current Pensioner Concession Card or a Seniors Card**

	Full			Pension Concession			Sterilised fees will apply upon production of either: <ul style="list-style-type: none"> <li>• Veterinary Surgeon's Certificate;</li> <li>• Signed Statutory Declaration; or</li> <li>• Officer sighting ear tattoo at this office</li> </ul> Proof of microchip exemption from a veterinarian must be provided.
	1yr	3yrs	Lifetime	1yr	3yrs	Lifetime	
<b>Unsterilised</b>	\$50.00	\$120.00	\$250.00	\$25.00	\$60.00	\$125.00	
<b>Sterilised</b>	\$20.00	\$42.50	\$100.00	\$10.00	\$21.25	\$ 50.00	

**METHODS OF PAYMENT:****In Person:**

Present this notice INTACT 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 your cheque or money order to:  
Town of Claremont  
PO Box 54  
Claremont WA 6010

**Credit Card Authorisation**

This section is to be completed by the card holder or designated officer of the Town if received over the phone.

**I hereby authorise the Town of Claremont to debit the credit card identified below for the amount of \$** \_\_\_\_\_ **(total amount due).**

**Personal Details**

**Mr/Mrs/Miss/Ms Surname:** \_\_\_\_\_ **Given name/s:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Billing Address (if different from above):** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cardholders Signature:** \_\_\_\_\_

**Credit Card Information**

**Credit Card number:**

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**Expiry date:**

[ ] [ ]	/	[ ] [ ]
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**Security number:**

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
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**Credit Card type:**

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
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**Name on Card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Office Use Only**

Received by: \_\_\_\_\_

Tag Number: \_\_\_\_\_

Animal ID Number: \_\_\_\_\_

Registering Officer: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**YOU MUST INFORM THE TOWN OF CLAREMONT OF ANY CHANGES IN OWNERSHIP, DEATH OF A DOG/CAT OR ANY CHANGE OF ADDRESS**

**DOG OWNERS RESPONSIBILITIES**

- Dogs aged 3 months and over must be registered and microchipped.
- Ensure your property is adequately secured. Keep the dog generally quiet.
- Your dog must wear a collar displaying owners name, address and registration tag.
- Clean up after your pet in public places.
- Don't let your dog wander without proper control