

# Application for Cat Registration

claremont.wa.gov.au  
Number One Claremont

308 Stirling Hwy Claremont

CAT ACT 2011  
toc@claremont.wa.gov.au  
PO Box 54 Claremont WA 6010

| Owner Details - Full name in BLOCK LETTERS  |           | Cat Details  |  |
|---|-----------|--|--|
| Mr/Mrs/Ms   | Surname:  | Name of Cat:   |  |
| Given name/s:   |           | Colour:  |  |
| Address:  |           | Breed:   |  |
| Suburb:   | Postcode: | Age/Date of birth:   |  |
| Date of Birth:  | Ph(Home): | Microchip no: *  |  |
| Work:   | Mobile:   | *Proof required. If No* Please provide exemption and authorising Vet   |  |
| Email Address:  |           | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female  |  |
| Alternative Contact Details   |           | Sterilised: <input type="checkbox"/> Yes* <input type="checkbox"/> No *Proof required                                    |  |
| Mr/Mrs/Ms   | Name:     | If No* Please provide exemption and authorising Vet  |  |
| Residential Address:  |           | Number of cats on property:  |  |
| Date of Birth:  | Ph (Hm):  | Is the custodian a member of a prescribed exempt organisation? <input type="checkbox"/> Yes* <input type="checkbox"/> No |  |
| Work:   | Mobile:   | *If yes attach details   |  |
| Email address:  |           | Are you an approved breeder?   |  |
| Do you have any convictions for offences against this Act, Dog Act 1976 or Animal Welfare Act 2002 in the past 3 years? <input type="checkbox"/> Yes* <input type="checkbox"/> No |           | Yes* <input type="checkbox"/> No <input type="checkbox"/>  |  |
| *If yes, provide details  |           | *If yes attach details   |  |

## Owner's or Agents's Declaration – I declare that:

I am not, or the Owner is not, under eighteen years of age.

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, \_\_\_\_\_ 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 CAT REGISTRATION CAT ACT 2011

This is to certify that:

|              |         |             |
|--------------|---------|-------------|
| Name of Cat: | Age:    | M/F:        |
| Breed:       | Colour: | Sterilised: |

Has been registered to:

|                          |                               |
|--------------------------|-------------------------------|
| Owner:                   | Address:                      |
| By the Town of Claremont | This registration expires on: |

Animal number:

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

Tag number:

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Receipt number:

|  |
|--|
|  |
|--|

Amount:

|    |
|----|
| \$ |
|----|

Registration:

1yr  3yrs  Life

OFFICER SIGN:

|  |
|--|
|  |
|--|

DATE:

|  |
|--|
|  |
|--|

**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.**

|                     | Full    |          |          | Pension Concession |         |          | Sterilised fees will apply upon production of either:<br><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:**

|         |   |         |   |         |   |         |
|---------|---|---------|---|---------|---|---------|
| □ □ □ □ | - | □ □ □ □ | - | □ □ □ □ | - | □ □ □ □ |
|---------|---|---------|---|---------|---|---------|

**Expiry date:**

|     |   |     |
|-----|---|-----|
| □ □ | / | □ □ |
|-----|---|-----|

**Security number:**

|                     |
|---------------------|
| □ □ □ □ □ □ □ □ □ □ |
|---------------------|

**Credit Card type:**

|                               |                                     |
|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard |
|-------------------------------|-------------------------------------|

**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**

**CAT OWNERS RESPONSIBILITIES**

- Cats aged 3 months and over must be registered, sterilised and microchipped.
- Ensure your cat is not causing a nuisance to your neighbours.
- Place a bell on your cat’s collar to avoid injury to wildlife.