

# Dog – Application for Registration

Application for Certificate of Registration WA *Dog Act 1976*

Owner Details (One owner only) – Full name in BLOCK LETTERS)		Dog Details													
Mr/Mrs/Miss/Ms	Surname:	Name of dog:													
Given name/s:		Colour:	Breed:												
Address:		Microchip No:													
Suburb:	Postcode:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female												
Date of birth:	Telephone (Home):	Sterilised:	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Work:	Mobile:	Premises kept (where the dog will ordinarily be kept):													
Email address:		Is the dog kept, as a commercial security dog?													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #006699; color: white;"> <th colspan="2" style="text-align: left; padding: 5px;">Alternative Contact Details</th> </tr> </thead> <tbody> <tr> <td style="width: 20%; padding: 5px;">Mr/Mrs/Miss/Ms</td> <td style="padding: 5px;">Surname:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Residential Address:</td> </tr> <tr> <td style="padding: 5px;">Date of birth:</td> <td style="padding: 5px;">Telephone (Home):</td> </tr> <tr> <td style="padding: 5px;">Work:</td> <td style="padding: 5px;">Mobile:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Email address:</td> </tr> </tbody> </table>		Alternative Contact Details		Mr/Mrs/Miss/Ms	Surname:	Residential Address:		Date of birth:	Telephone (Home):	Work:	Mobile:	Email address:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Alternative Contact Details															
Mr/Mrs/Miss/Ms	Surname:														
Residential Address:															
Date of birth:	Telephone (Home):														
Work:	Mobile:														
Email address:															
		Has the dog been declared a dangerous dog?													
		<input type="checkbox"/> Yes <input type="checkbox"/> No													
		If yes, please provide details:													

Very Important	Owner's or Agent's declaration – I declare that:		
<ul style="list-style-type: none"> <li>Any change in particulars contained in this application including sale or death of dog MUST be notified to the City immediately.</li> <li>Dogs three months and over must be registered.</li> <li>Dog registrations expire on 31 October each year (as from 1 June of each year, half the normal fee will be applicable to FIRST annual registrations only).</li> </ul>	<ul style="list-style-type: none"> <li>a. I am not, or the Owner is not, under eighteen years of age;</li> <li>b. The particulars shown in this application are true to the best of my knowledge and belief;</li> <li>c. For the purposes of section 16 (1a) of the Act that means exist on the premises at which the dog will ordinarily be kept for effectively confining the dog within those premises;</li> <li>d. For the purposes of section 16(3)(a) of the <i>Dog Act 1976</i>, I have not been convicted of an offence under the <i>Cat Act 2011</i>, <i>Dog Act 1976</i> or <i>Animal Welfare Act 2002</i> within the last three years; and</li> <li>e. I am not currently banned, or have ever been banned from owning a dog under the <i>Dog Act 1976</i> either permanently or for a period specified.</li> </ul>		
	<table style="width: 100%;"> <tr> <td style="width: 70%;">Signature:</td> <td>Date:</td> </tr> </table>	Signature:	Date:
Signature:	Date:		

Office Use Only									
Tag Number:	D					Animal ID:		Date:	
Registration Officer Signature:						Receipt No:			

DO NOT DETACH

## Dog - Application for Registration

Application for Certificate of Registration WA *Dog Act 1976*

PLEASE  
INSERT  
YOUR NAME  
AND  
ADDRESS  
DETAILS

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### METHOD OF PAYMENT

#### 1. The City's Customer Service Centres:

Payment can be made **until 30 minutes prior to closing**, by cash, cheque, credit card or EFTPOS at either of the following locations:

- Joondalup Customer Service Centre**

Boas Ave, Joondalup  
Mon – Fri: 8.30am – 5.00pm

- Whitford Customer Service Centre**

Westfield Whitford City Shopping Centre  
Mon – Fri: 9.00am – 5.30pm / Sat: 9.00am – 1.00pm

- Craigie Customer Service Centre**

Whitfords Avenue, Craigie  
Mon – Fri: 8.30am – 5.00pm

#### 2. By Mail: Make cheques payable to:

City of Joondalup, P O Box 21, Joondalup WA 6919

**For fees and credit card payment, please see reverse of this form.**

# Credit Card Authorisation (Dog Registration)

This form is to be completed by the card holder, or designated officer of the City if received over the phone.

Fees Payable							
Pensioner concessions can only be applied on production of a current Pensioner Concession Card, State Concession Card, Veteran's Card or a Senior's Card together with a Commonwealth Senior's Health 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 (obtained from this office); or</li> <li>Officer sighting ear tattoo at this office.</li> </ul> Proof of microchip exemption from a veterinarian must be provided.
	1 yr	3 yrs	Lifetime	1 yr	3 yrs	Lifetime	
Unsterilised	\$50.00	\$120.00	\$250.00	\$25.00	\$60.00	\$125.00	
Sterilised	\$20.00	\$42.50	\$100.00	\$10.00	\$21.25	\$50.00	

## Card Holder Authorisation

I hereby authorise the City of Joondalup to debit the credit card identified below for the amount of \$ \_\_\_\_\_ (total amount due).  
 I acknowledge that a declined payment may instigate collection proceedings by the City of Joondalup.

## Personal Details

Mr/Mrs/Miss/Ms	Surname:	Given name/s:	
Address:		Suburb:	Postcode:
Billing Address (if different from above):			
Phone:		Date:	

Signed (to be signed by a City of Joondalup Officer if telephone authorisation):  
 Cardholder Signature: \_\_\_\_\_ City of Joondalup Officer Signature: \_\_\_\_\_

## Credit Card Information

Credit Card Number:  -  -  -

Expiry Date:  /       Card Security Number:       Credit Card Type:  Visa  Mastercard

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ (leave blank if received over the phone)

## Office Use Only

Received by:			
Authorised by:	Signature:		
Date:	Invoice Number: (if applicable)		

DO NOT DETACH