

Cat – Application for Registration

Application for Certificate of Registration WA *Cat Act 2011*

Owner Details (one owner only) – please print full name in BLOCK LETTERS																						
Mr/Mrs/Miss/Ms	Surname:	Given name:																				
Address:																						
Suburb:		Postcode:		Owner's date of birth:																		
Telephone (Home):		Work:		Mobile:																		
Cat Details																						
Name of cat:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Sterilised: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Proof must be attached)</small>																		
Colour:	Breed:	Age:	Microchip Number:																			
Alternative Contact Details																						
Name:		Date of birth:		Mobile:																		
Address:				Phone (Home):																		
Owner's or Agent's Declaration				Fees Payable for Renewals																		
I declare that: a. I am not, or the Owner is not, under eighteen years of age; b. The particulars shown in this application are true to the best of my knowledge and belief; and c. I certify for the purposes of Sect 9(2)(e) of the <i>Cat Act 2011</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 3 years.				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.																		
							<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="3">Full</th> <th colspan="3">Pension Concession</th> </tr> <tr> <th></th> <th>1 yr</th> <th>3 yrs</th> <th>Lifetime</th> <th>1 yr</th> <th>3 yrs</th> <th>Lifetime</th> </tr> </thead> <tbody> <tr> <td>Sterilised</td> <td>\$20.00</td> <td>\$42.50</td> <td>\$100.00</td> <td>\$10.00</td> <td>\$21.25</td> <td>\$50.00</td> </tr> </tbody> </table>			Full			Pension Concession				1 yr	3 yrs	Lifetime	1 yr	3 yrs	Lifetime
	Full			Pension Concession																		
	1 yr	3 yrs	Lifetime	1 yr	3 yrs	Lifetime																
Sterilised	\$20.00	\$42.50	\$100.00	\$10.00	\$21.25	\$50.00																
Signature:		Date:		Proof of sterilisation: • Veterinary Surgeon's Certificate; • Signed Statutory Declaration (obtained from this office); or • Officer sighting ear tattoo at this office.																		
Very Important • Any change in particulars contained in this application including sale or death of cat MUST be notified to the City immediately. • Cats six months and over must be registered. • Cat 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).																						
Office Use Only																						
Tag Number:	C	Receipt Number :																				
Animal ID:		Registration Officer Signature:		Date:																		

DO NOT DETACH

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PLEASE
INSERT
YOUR
NAME
AND
ADDRESS
DETAILS

METHOD OF PAYMENT

1. **The City's Customer Service Centres:**
 - **Whitford Customer Service Centre**
15 Banks Avenue, Hillarys
Mon – Fri: 9.00am – 5.30pm
Sat: 9.00am – 1.00pm
 - **Joondalup Customer Service Centre**
Boas Ave, Joondalup
Mon – Fri: 8.30am – 5.00pm
2. **By Mail:** Make cheques payable to:
City of Joondalup, P O Box 21, Joondalup WA 6919
3. **By email:** info@joondalup.wa.gov.au

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

Credit Card Authorisation (Cat Registration)

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

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

Name:

Address:

Billing Address: (if different from above)

Phone:

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

Cardholder Signature:

City of Joondalup Officer Signature:

Date:

Office Use Only

Received by:

Authorised by:

Signature:

Date:

Invoice Number: (if applicable)

DO NOT DETACH

Credit Card Information

Credit Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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Card Security Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Credit Card Type:

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

Signature:

(leave blank if received over the phone)