



Western Australian Cat Act 2011  
**APPLICATION FOR A  
CERTIFICATE  
OF CAT REGISTRATION**

Telephone: 1300MELVIL  
Facsimile: (08) 9364 0285  
Payment Hours: Monday - Friday  
8.30am – 5:00pm  
10 Almondbury Road Booragoon  
6154 Western Australia  
Locked Bag 1, Booragoon  
www.melvillecity.com.au

**OWNERS PARTICULARS**

( ) Mr ( ) Mrs ( ) Miss ( ) Ms

SURNAME: \_\_\_\_\_

GIVEN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_

P/CODE: \_\_\_\_\_

POSTAL ADDRESS (if different from above): \_\_\_\_\_

DATE OF BIRTH (owner must be 18 years or older): \_\_\_\_\_

PH (H): \_\_\_\_\_

(W): \_\_\_\_\_

(M): \_\_\_\_\_

EMAIL: \_\_\_\_\_

ALTERNATIVE CONTACT: \_\_\_\_\_

PH (H): \_\_\_\_\_

(W): \_\_\_\_\_

(M): \_\_\_\_\_

<b>SEX</b> (tick one box):	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
<b>DESEXED</b> (tick one box):	<input type="checkbox"/> YES <input type="checkbox"/> EXEMPTION
<b>REGISTRATION PERIOD:</b>	<input type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEAR <input type="checkbox"/> LIFETIME
<b>BREED</b> (if known):	
<b>COLOUR/MARKS:</b>	
<b>CAT'S NAME</b>	
<b>MICROCHIP NUMBER:</b>	
<b>CAT'S DATE OF BIRTH:</b>	

Registration	Full	Pensioner**
1 Year	\$20	\$10
3 Years	\$42.50	\$21.25
Lifetime	\$100	\$50

**Office Use Only**

<b>Registration Tag No.</b>	
<b>Expiry Date</b>	
<b>Reference No.</b>	
<b>Transfer from other authority</b>	
<b>External Tag No.</b>	

**PREVIOUS CONVICTIONS**

Do you have any convictions for offences against this Act, Dog Act 1976 or Animal Welfare Act 2002 in the past 3 years?

YES  NO

If yes, please give details, specifying the date of the conviction(s), nature of the offence and the legislation involved

**DECLARATION**

The Local Government 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 that the information I have provided is true and correct. I am aware that it is an offence to provide false and misleading information.

Signature \_\_\_\_\_

**NOTIFICATION OF NEW OWNER**

NEW CAT OWNER'S NAME: \_\_\_\_\_  
 NEW OWNER'S ADDRESS: \_\_\_\_\_  
 SUBURB: \_\_\_\_\_ P/CODE: \_\_\_\_\_  
 PH (H): \_\_\_\_\_ (W): \_\_\_\_\_ (M): \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**Supporting Documentation**

Due to state legislation, the City is unable to accept any registration for cats that have not been both sterilised and microchipped. Proof of sterilisation, microchipping, prescribed organisation exemption, breeder registration or concessions must be attached in support of this application. Failure to provide this information may delay or terminate the registration approval process.

**Sterilisation**

Sterilisation certificate or letter from vet

**Microchipping**

Documentation and chip number MUST be provided.

**Exemptions**

Exemptions may apply for a cat, where a vet provides a certificate stating that to sterilise, or to microchip the cat, may adversely affect the health of the cat.

**Pensioner Concession**

Required for pension concession rate:

- Pension, Concession Card, or
- State Concession Card, or
- Commonwealth Seniors Health Care Card with a WA Seniors Card

**Transfer of existing registration**

Proof of current registration with other local government if transferring existing registration.

**Certificate of registration**

Once your registration fee is paid, this notice will be deemed to be your certificate of registration.

**Are your details Correct?**

You must notify the City in writing if there is any changes in ownership of the cat on this application. Please ensure your contact details are kept current with the City, and the microchip registry with which your cat is listed.

**Change of ownership**

Within seven days of the transfer of a cat, the owner must give notice in writing to the local government with which the cat is registered and the microchip database company of

- (i) the name and address of the purchaser of the cat and,
- (ii) any other changes to information that is on record.

**METHOD OF PAYMENT**

**CARD TYPE**

MASTERCARD  AMEX  VISA

(Please tick appropriate box)

CARD No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CARD EXPIRY DATE: \_\_\_\_ / \_\_\_\_

CARD HOLDERS NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Your signature gives authority for us to debit the full amount shown in the space above.

**By mail:**

City of Melville  
Locked Bag 1  
Booragoon WA 6954

*Cheques and money orders are to be made payable to the 'City of Melville'. Payment can also be made by American Express, MasterCard or Visa Card by completing the attached.*

*Payment can be made in person at the City of Melville Administration Centre*

*Please note a Credit Card surcharge of 0.60% applies to all Credit Card payments*