



PO Box 21
 HALLS CREEK WA 6770
 Tel: (08) 9168 6007
 Email: hcshire@hcshire.wa.gov.au

Cat Registration Form

Cat Act 2011

In order for the Shire to provide you with the best possible service please complete this form in FULL and return to the Shire to complete your new registration.

1. OWNER DETAILS

Full Name						
Postal Address						
Residential Address						
Owner Or Tenant	Owner				Tenant	
Contact	Mobile				Work	
Email						
Pension Discount	Yes		No		DOB	

Please take copies of Pension Card for discount for applicable customers

2. EMERGENCY CONTACT DETAILS

Full Name						
Contact	Mobile				Work	

3. CAT DETAILS

Cat Name							Breed					
Cat Age	Yrs		Mth		Sex	M	F	Sterilised	Yes		No	
Colour & Markings												
Cat Residential Address												
Microchip Number												
Sterilisation Certificate												
Registration Period	1 Year		3 Years		Life							
	\$20		\$42		\$100							

Owner or Agent's Declaration

I, being the owner or authorised agent of owner of the cat whose details stated above, declare that I am not under 18 years of age and the details in this application are true to the best of my knowledge and belief. I certify, for the purpose of Section 8 (1) of the Act, that means exist on the premises at which the cat will ordinarily be kept for effectively confining the dog within those premises. I understand that I may fined or charged a fee for any breach of the Cat regulations as in set in either state or by local law enforcement acts for cats or animal control.

.....
 Signature

Date:/...../.....

SHIRE STAFF USE ONLY

This registration is valid until the 31st of October 20____ unless cancelled pursuant to section 16 of the Act.

Signature of Registration Officer _____ Date of issue: ____/____/____

Amount Paid \$ _____ Payment method (tick one) CASH ____ CHQ ____ EFT ____

Owner Code: _____ Property No: _____

Receipt No: _____ Date Received: ____/____/____

REPLACEMENT OF TAG

(Must be signed by Owner on receipt of replacement tag and authorised by Ranger).

Tag # to be replaced: _____ Replacement Tag #: _____ Date Reissued: ____/____/____

Signature of Owner: _____

Issuing Officer: _____ Rangers' Auth.: _____

Reason for replacement:

Tag # to be replaced: _____ Replacement Tag #: _____ Date Reissued: ____/____/____

Signature of Owner: _____

Issuing Officer: _____ Rangers' Auth.: _____

Reason for replacement:
