



SHIRE OF WANDERING

Address: 22 Watts St Wandering WA 6308

Telephone: 08 9884 1056

Email: fo@wandering.wa.gov.au

Office Hours: 8:30am - 4:30pm

REGISTRATION

ABN 27 552 059 809

Application Form to Register a Dog

Dog Act 1976 - Schedule 1 - Form 4

PART A - Owner Details

Dog owner's full name:

Residential address:

Postal address

Email address:

DOB:

Phone:

Mobile:

Work:

Owner's delegate contact details (optional)

Contact Name:

Postal address:

Email address:

DOB:

Phone:

Mobile:

Work:

PART B - Dog Details

Address where dog is normally kept:

Number of dogs to be located at these premises:

(maximum two, unless on rural land of 10 hectares or more where the maximum is four dogs)

Will the dog/s be effectively confined in or at the premises identified above?

Yes

No

Dog's name:

Sex:

Age:

Colour:

Distinguishing features or marks:

Breed:

Microchip No:

Is the dog sterilised?

Yes

No

Is the dog a pit bull terrier, an American pit bull terrier or a mix of one or both of those breeds?

Yes

No

Unknown

Is the dog kept, or to be kept as a commercial security dog?

Yes

No

Has the dog been declared a dangerous dog?*

Yes

No

*If yes, please give details:

Is the dog kept for the purposes of the Crown?

Yes

No

(If yes, note that the Dog Act 1976 does not apply, section 6(4).)

PART C - Registration

	1 year registration		3 year registration		Lifetime registration	
	Sterilised	Unsterilised	Sterilised	Unsterilised	Sterilised	Unsterilised
Full	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$250.00
Pensioner	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$21.25	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$125.00

or, previous local government where dog was registered:

Registration No:

Expiry:

Are you eligible for a pensioner concession?

(Eligible Concession Card – Pensioner Concession Card; State Concession Card; Commonwealth Seniors Health Card with a WA Seniors Card is required)

Yes

No

Pension Card No:



SHIRE OF WANDERING

Address: 22 Watts St Wandering WA 6308

Telephone: 08 9884 1056

Email: fo@wandering.wa.gov.au

Office Hours: 8:30am - 4:30pm

REGISTRATION

ABN 27 552 059 809

PART D - Working Dog Declaration

I declare that the dog subject to this registration is used for the purpose of droving or tending stock and therefore claim the concessional registration that applies.

Application or renewal or a period of (✓):

	1 year registration		3 year registration		Lifetime registration	
	Sterilised	Unsterilised	Sterilised	Unsterilised	Sterilised	Unsterilised
Full	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$12.50	<input type="checkbox"/> \$10.62	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$62.50

PART E - Previous convictions, relevant orders

Do you have any convictions for offences against the *Dog Act 1976*, *Cat Act 2011* or *Animal Welfare Act 2002* in past THREE years?*

Yes No

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

.....

.....

.....

.....

Are you currently banned, or have you ever been banned, from owning or keeping a dog under an order under the *Dog Act 1976* section 46A(2) either permanently or for a period specified in the order?*

Yes No

*If yes, please give details of the order

.....

.....

.....

.....

PART F - 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, _____
(person's full name or organisation/company name)

Of _____
(address)

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: _____