



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 Cat

Cat Act 2011 - Schedule 1 - Form 1

PART A - Owner Details			
Cat 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 - Cat Details			
Address where cat is normally kept:			
Number of cats to be located at these premises: <i>(maximum three)</i>			
Will the cat/s be effectively confined in or at the premises identified above? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Cat's name:		Sex:	Age:
Colour:			
Distinguishing features or marks:			
Breed:		Microchip No:	
Is the cat sterilised? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PART C - Registration			
	1 year registration	3 year registration	Lifetime registration
Full	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$100.00
Pensioner	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$21.25	<input type="checkbox"/> \$50.00
or, previous local government where cat was registered:			
Registration No:			Expiry:
Are you eligible for a pensioner concession? <i>(Eligible Concession Card – Pensioner Concession Card; State Concession Card; Commonwealth Seniors Health Card with a WA Seniors Card is required)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pension Card No:			
PART D - Application for Approved Breeder			
Application to be an approved breeder (✓): <i>(Individual application required for each cat):</i>			
Number of breeding cats to be kept at the Property:			
Description of Facilities:			
Membership of the following prescribed organisation:			



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Feline Control Council of Western Australia (FCCWA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Cat Owners Association of Western Australia (COAWA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Australian National Cats (ANCats)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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PART E - Previous convictions, relevant orders

Do you have any convictions for offences against the <i>Cat Act 2011</i> or <i>Animal Welfare Act 2002</i> in past THREE years?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
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*If yes, please give details, specifying the date of the conviction(s), nature of the offence and the legislation involved

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Are you currently banned, or have you ever been banned, from owning or keeping a cat under an order under the <i>Cat Act 2011</i> either permanently or for a period specified in the order?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
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*If yes, please give details of the order

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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:

