

PO Box 42, Coorow WA 6515  
22-24 Main Street, Coorow WA 6515  
Phone: (08) 9952 0100  
Fax: (08) 9952 1173  
EMAIL: [admin@coorow.wa.gov.au](mailto:admin@coorow.wa.gov.au)



PO Box 238, Leeman WA 6514  
20 Morcombe Road, Leeman WA 6514  
Phone: (08) 9953 1388  
Fax: (08) 9953 1377  
EMAIL: [admin@coorow.wa.gov.au](mailto:admin@coorow.wa.gov.au)

**APPLICATION FOR A CERTIFICATE OF CAT REGISTRATION**  
**WESTERN AUSTRALIAN CAT ACT 2011 (S.8) [r. 11, 14 and 25]**

**DETAILS OF OWNER**

Full Name: \_\_\_\_\_ Date of Birth (Must be 18 or older): \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address (If different from above): \_\_\_\_\_

Contact Details:

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work: \_\_\_\_\_ Email: \_\_\_\_\_

**PREVIOUS CONVICTIONS**

Do you have any convictions for offences against this Act, *Dog Act 1976*, *Cat Act 2011* or *Animal Welfare Act 2002* in 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CAT PARTICULARS**

Name of Cat: \_\_\_\_\_ Primary Breed: \_\_\_\_\_

Primary Colour: \_\_\_\_\_

Distinguishing Features or Markings: \_\_\_\_\_

\_\_\_\_\_

Sterilised: Yes (proof required)  No  Sex: Female  Male

Address of Premises Kept: \_\_\_\_\_

Cat Age: Years: \_\_\_\_\_ Months: \_\_\_\_\_ Number of cats kept at premise: \_\_\_\_\_

( Limit of 2 (two) per property within townsite, application needs to be made to the shire to keep more than 2 cats)



Will the cat/s be effectively confined in or at the premises identified above? **Yes/No**

Microchip Number (proof required) Document attached:  \_\_\_\_\_

Is the cat/s sterilised? (proof required) Documents attached:  **Yes/No**

Are you eligible for a pensioner concession? (proof required) **Yes/No**

Registration Period	1 YEAR	PART	PENSION	3 YEAR	3 YEAR	LIFETIME	LIFETIME
	FULL	YEAR	FULL YEAR	FULL	PENSION	FULL	PENSION
	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$21.25	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$100.00

PLEASE NOTE: Cat registrations expire on 31st October each year, Section 2.5

Party year is available from 01 June

Previous Local Government where Cat was registered (if applicable) \_\_\_\_\_

Previous registration number (if applicable) \_\_\_\_\_

### PLEASE READ AND SIGN THE DECLARATION

The Local Government may refuse an application if any or all the required information is not provided within the time period specified in the legislation.

I, \_\_\_\_\_ of \_\_\_\_\_  
(name) (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.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

### OFFICE USE ONLY

Cat Registration Number: \_\_\_\_\_ Cat Registration is valid until : \_\_\_\_/\_\_\_\_/20\_\_\_\_ unless cancelled pursuant to Section 16 of 'The Cat Act.'

Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_20\_\_\_\_ Registration Officer: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_ ASSESSMENT NUMBER: A \_\_\_\_\_ Documentation attached? **Yes/No**

