



Shire of Dowerin  
ABN 35939977194  
13 Cottrell Street, PO Box 111 Dowerin WA 6461  
Ph: 9631 1202 Fax: 9631 1193  
Email: dowshire@dowerin.wa.gov.au

**APPLICATION FOR A CERTIFICATE OF CAT REGISTRATION**

*Cat Act 2011 Western Australia Form 1 s.8*

**Owner Details**

Cat Owner's Full Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone: Ph: \_\_\_\_\_ Mob: \_\_\_\_\_

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

Can the Shire of Dowerin use this email address to issue renewal notices and other relevant information? **Yes/No**

**Cat Details**

Number of cats to be located at these premises: \_\_\_\_\_

Cats Name: \_\_\_\_\_

Cat Age: \_\_\_\_\_ Years \_\_\_\_\_ Months

Breed: \_\_\_\_\_

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

Gender: Male/Female

Microchip Number: \_\_\_\_\_

Cat Sterilised: Yes/No

Distinguishing Marks: Yes/No \_\_\_\_\_

**Please turn over page...**

**Registration**

Application for grant or renewal for –

- a period of 1 year:  Sterilised & Microchipped: \$20.00
- a period of 3 years:  Sterilised & Microchipped: \$42.50
- a period of a cat life:  Sterilised & Microchipped: \$100.00

Note: 50% discount for pensioner concession

Previous local government where cat was registered: \_\_\_\_\_

Previous Registration Tag Number: 20 \_ \_ \_ \_ \_

**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 \_\_\_\_\_

the owner of the cat, particulars of which are listed in this application or as the duly authorised agent of the owner, declare that –

- (a) I am / the owner is not under 18 years of age; and
- (b) the particulars shown in this application are true to the best of my knowledge and belief,

and I certify, for the purposes of section 16(1a) of the Act, that means exist on the premises at which the cat will ordinarily be kept for effectively confining the cat within those premises.

I am aware that it is an offence to provide false and misleading information.

Signature: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Payment Options:

CASH/EFT/CHQ

**Local Government use only**

Registration approved:  Officer: \_\_\_\_\_

- Assigned registration number: \_\_\_\_\_