

## Application for Dog Registration

Form 4 [r. 20, 22 and 23]

## PLEASE NOTE - An original certificate of sterilisation and microchip registration or certified copies thereof must be submitted with this application form.

| PART A — Owner Det                      | ails                                 |                                    |                          |                 |
|---|--------------------------------------|------------------------------------|--------------------------|-----------------|
| Dog owner's full name:                  |                                      |                                    |                          |                 |
|   |                                      |                                    |                          |                 |
| Postal address: (if different           | from above)                          |                                    |                          |                 |
| Age: ( <i>dd/mm/yy</i> ) <sub>(ow</sub> | / / ema                              | il address: (if available <u>)</u> |                          |                 |
| Can your local governm                  | nent use this email addres           | s to issue renewal notices         | and other relevant infor | mation?         |
| Contact telephone num                   | ıber/s: (H <u>)</u>                  | (W <u>)</u>                        | (M)                      |                 |
| Owner's delegate cont                   | act details ( <i>optional</i> )      |                                    |                          |                 |
| Name of alternative:                    |                                      |                                    |                          |                 |
|   |                                      |                                    |                          |                 |
| Postal address: (if different           | from above)                          |                                    |                          |                 |
|   | / /<br>(Must be 18 years or older)   | email address: (if availat         | ole)                     |                 |
| Contact telephone num                   | ber/s: (H)                           | (W.)                               | (M <u>)</u>              |                 |
| PART B — Dog Detail                     | S                                    |                                    |                          |                 |
| Address where dog is r                  | normally kept: (if different from ab | ove)                               |                          |                 |
| Number of dogs to be l                  | ocated at these premises:            | (n                                 | naximum three dogs)      |                 |
| Dog's name:                             |                                      | Age: ( <i>dd/mm/yy</i> )           | / /                      |                 |
| Distinguishing features                 | or marks?                            |                                    |                          |                 |
| Breed:                                  |                                      | colour/                            |                          | ☐ Male ☐ Female |
| Microchip number:                       |                                      |                                    | Is the dog sterilised?   | □ Yes □ No      |
| Will the dog/s be effect                | ively confined in or at the          | premises identified above?         | ? □ Yes □ No             |                 |
| Is the dog kept, or to be               | e kept, as a commercial se           | ecurity dog?                       | 🗆 No                     |                 |
| Has the dog been decla                  | ared a dangerous dog?                | □ Yes □ No                         |                          |                 |
| If yes, please provide c                | letails                              |                                    |                          |                 |
|   |                                      | errier or a mix of one or bot      |                          | □Yes □No □      |

Is the dog kept for the purposes of the Crown?  $\Box$  Yes  $\Box$  No

| PART C — Notification of New Owner (if applicable)  |   |  |  |  |  |
|---|---|--|--|--|--|
| New dog owner's nam <u>e:</u>   |   |  |  |  |  |
| New owner's residential address:  |   |  |  |  |  |
| Contact telephone number/s: (H)   | (W) (M)   |  |  |  |  |
| PART D — Registration   |   |  |  |  |  |
| Application or renewal or a period of ( $\checkmark$ ):   |   |  |  |  |  |
|   | registration lifetime registration  |  |  |  |  |
|   | nsioner Pensioner<br>ncession Stock Dog Full Concession Stock Dog                   |  |  |  |  |
| S \$20.00 □ \$10.00 □ \$5.00 □ S \$42.50 □ \$2  |   |  |  |  |  |
| ∪ \$50.00 □ \$25.00 □ \$12.50 □ ∪ \$120.00 □ \$6  | 0.00 □ \$30.00 □ U \$250.00 □ \$125.00 □ \$62.50 □                                  |  |  |  |  |
| S= Sterilised fees, U = Unsterilised fees<br>Assistance dog:  |   |  |  |  |  |
| or, previous local government where dog was registered:   | registration #  |  |  |  |  |
| PART E — 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?   |   |  |  |  |  |
|   |   |  |  |  |  |
| 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 <i>Dog Act</i> 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 Shire of Wickepin 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 of  |   |  |  |  |  |
| 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:  | Date: / /   |  |  |  |  |
| Payment Options   |   |  |  |  |  |
| PAYING BY POST  | PAYING IN PERSON  |  |  |  |  |
| Shire of Wickepin   | Cash, Cheque, EFTPOS, Money Order or Credit   |  |  |  |  |
| PO Box 19<br>WICKEPIN WA 6370   | Card payments can be taken in person at;<br>Shire of Wickepin Administration Office |  |  |  |  |
| Complete and return this form with your cheque or money order made payable to the Shire of Wickepin   | 77 Wogolin Road<br>WICKEPIN WA 6370   |  |  |  |  |
| Please note cash will <u>NOT</u> be accepted by mail  | Office Hours: Mon – Fri 8.30am to 4.30pm  |  |  |  |  |
|   |   |  |  |  |  |
| Shire of Wickepin Use Only  |   |  |  |  |  |
| Registration approved (✓): □ Yes □ No   |   |  |  |  |  |

Assigned registration number:

Receipt Number: