



77 Wogolin Road WA 6370
Postal Address: PO BOX 19, Wickepin WA 6370
Ph (08) 9888 1005 Fax (08) 9888 1074

Application for Cat Registration

Cat Act 2011 - Schedule 1 - Form 1

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

PART A — Owner Details

Cat owner's full name:

Residential address:

Postal address: *(if different from above)*

Age: (dd/mm/yy) / / email address: *(if available)*
(Owner must be 18 years or older)

Can your local government use this email address to issue renewal notices and other relevant information? Yes No

Contact telephone number/s: (H)..... (W)..... (M).....

Alternative contact details *(optional)*

Contact Name:

Residential

Age: (dd/mm/yy) / / email address: *(if available)*
(Must be 18 years or older)

Contact telephone number/s: (H)..... (W)..... (M).....

PART B — Cat Details

Address where cat is normally kept: *(if different from above)*

Number of cats to be located at these premises:..... *(maximum three cats)*

Cat's name:..... age:..... year/s..... month/s.....

Distinguishing features or marks?.....

Breed:..... colour/s:..... Male Female

Microchip number: Is the cat sterilised? Yes No

If No: Is the exemption granted by a veterinarian? Yes No

Please give details of the exemption including details of issuing veterinarian and written confirmation

Is the custodian a member of a prescribed exempt organisation: Yes No

Please give details of the prescribed exempt organisation:

Approved breeder? Yes No

PART C — Notification of New Owner *(if applicable)*

New owner's name:

Residential address:

Contact telephone number/s: (H)..... (W)..... (M).....

