



SHIRE OF GNOWANGERUP

APPLICATION FOR A CERTIFICATE OF REGISTRATION

Western Australian Cat Act 2011 (s. 8)

[r. 11, 14, 21 and 25]

OWNER DETAILS

Full name _____
Residential address _____
Postal address (if different from above) _____
Date of Birth (dd/mm/yy) ____/____/____ (Owner must be 18 years or older)
Contact telephone number (Home) _____ (Work) _____
(Mobile) _____ Email address _____

Alternative Contact Details

Name of alternative _____
Residential address _____
Postal address (if different from above) _____
Date of Birth (dd/mm/yy) ____/____/____ (Must be 18 years or older)
Contact telephone number _____ (Home / Work / Mobile)

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 DETAILS

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

Number of cats to be located at these premises _____
Cat's name _____ Age: _____ years _____ months
Breed (if known) _____ Colour _____
Gender _____ Microchip number _____

Any distinguishing features or marks? _____

Is the cat sterilised **Yes/No** If **No**: Is the exemption granted by a veterinarian? **Yes/No**

Please attach details of the exemption including details of issuing veterinarian.

Is the custodian a member of a prescribed exempt organisation **Yes/No**

Please give details of the prescribed exempt organisation _____

Approved breeder? **Yes/No**

continues overleaf...→

