



Cat Registration

A Breath of Fresh Air

WA Cat Act 2011, Section 5(1) & Cat Regulations 2012 – Form 1

New Registration

Transfer from previous Shire

Please Note – An original Certificate of Sterilisation and Microchip Registration or certified copies thereof must be submitted with this application form.

Part A – Owner’s Details: *You must be 18 years, or over, to register a cat in your name.*

Cat owner’s name:		Date of birth:	
Residential address:			
Postal address:			
Contact number/s	H:	M:	W:
Email:			

Part B – Owner’s Alternative Contact: *Delegate to act on behalf of owner if owner uncontactable.*

Name:			
Contact number/s	H:	M:	W:

Part C – Cat Details

Cat Name:	Cat’s Age - Years:	Months:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Is the cat sterilized? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Copy of Certificate required.)</i>	
Colour:	Breed:	

If **No**: Is the exemption granted by a veterinarian? Yes No
Please give details of the exemption including details of issuing veterinarian and written

Number of cats to be located at the premises:-

Microchip No:

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Pensioner Concession /Senior’s Card: Yes No

Part D – Cat Owner to Complete

Do you have any convictions for offences against the *Dog Act 1976, Cat Act 2011 or Animal Welfare Act 2002* in past 3 years? Yes No

If Yes, please give details, specify the date of the conviction(s), nature of the offence(s) and the legislation involved:-

	1 year registration	3 year registration	Lifetime registration
Standard Fee	\$20.00	\$42.50	\$100.00
Pensioner Concession	\$10.00	\$21.25	\$50.00

- Cats must be registered with the local government by the time they reach six months of age.
- Cats that reached six months of age are to be sterilised, unless exempt.

Owner's Declaration to be Completed (Read and Sign)

The Shire may refuse an application if any or all required information is not provided:

I, _____
(Owner's Full Name)

Of _____
(Owner's Address)

The information I have provided is true and correct to the best of my knowledge and belief and I am aware that it is an offence to provide false or misleading information.

Signature _____ Date: _____

Shire of Harvey Use Only
Registration approved (✓) : Yes No

Receipt No. Tag No..... CSO(printed)..... Signature

Attached: Proof of Microchip Proof of Sterilisation Owner's Declaration signed

Part E – Payment Details			
Payment in Person Cash, Cheque, Eftpos 102 Uduc Road, Harvey or 7 Mulgara Street, Australind	Payment by Mail Cheque made payable to: Shire of Harvey, PO Box 500, Harvey WA 6220	Payment by Credit Card Please complete the Credit Card payment details below – no phone payments will be accepted	Payment Online Renewals only www.harvey.wa.gov.au



Credit Card Payment (Not Required if Paying in Person)

Card Number

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Card Expiry Date _____ / _____ CCV _____ Amount \$ _____

Card Holder's Name _____ Signature _____

P: 08 9729 0300 | W: harvey.wa.gov.au | E: shire@harvey.wa.gov.au
102 Uduc Road, Harvey, WA 6220 | 7 Mulgara Street, Australind, WA 6233
ABN 97 518 812 885