



Registration FROM 1st NOVEMBER 2020

Please return this form to the Town of Mosman Park

Please tick relevant box

New Registration:

Transfer:

Previous Local Gov:

Owners Details (One owner only) – Full name in BLOCK LETTERS

Owner must be 18 years or older

*Surname:			*First Name:		
*Residential Address:				Date of Birth:	
				<i>Must be 18 years or older</i>	
Postal: (If same as owner print "as above")					
*Address where animal normally kept: (If different from residential address)					
*Contact No:	(H)	(M)	(W)		
*Email:					
Can your Local Government use this email address to issue renewal notices and other relevant information?				Y	N
Eligible Pensioner: (Copy of document to be provided) 50% discount Please circle				Y	N
Pensioner Number:					

Delegate Contact Details (Owner gives permission for delegate to act on owners behalf if owner is not contactable) - Optional

Must be 18 years or older

Surname:			First Name:		
Residential Address: <i>(PO Box not accepted)</i>				Post Code:	
Date of Birth: <i>(delegate)</i>					
Contact No:	(H)	(M)	(W)		
Email:					

Emergency Contact Details (Not Owner) - Required*

Must be 18 years or older

*Surname:			*First Name:		
*Contact No:	(H)	(M)	(W)		

Animal Details

*Desexed/Sterilised: <i>(Proof Document Required)</i>	Yes		No	
*Gender:	Male		Female	
No of cats on property:				
*Name of Cat:			*DOB/Age:	DD / MM / YYYY
Breed: <i>(If known)</i>			*Colour/Features or Marks:	
*Microchip Number: <i>(Proof Document Required)</i>			Microchip Database Company Name:	
New Tag No: <i>(Issued by the Town)</i>			Year of Expiry:	
Registration period: <i>(See fees on page 2)</i>	1 Year		3 Years	Lifetime

Previous Convictions, Relevant Orders*

Do you have any convictions for offences against the *Cat Act 2011*, *Dog Act 1976* or *Animal Welfare Act 2002* in the past three years?

Please circle Y N

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

Cat Owners please answer (Tick Applicable)

Sterilisation: If NO, is the exemption granted by a Veterinarian? Please give details of the exemption including details of issuing Veterinarian	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the custodian a member of a prescribed exempt organisation? Please give details of the prescribed exempt organisation:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Standard Fees	1 Year - 01/11-31/10	3 Years	Lifetime
Sterilised Cat	\$20	\$42.50	\$100
Pensioner Sterilised Cat	\$10	\$21.25	\$50

Declaration

I am aware that 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 declare that the information I have provided is true and correct.
- I am or the authorised agent is not under 18 years of age.
- I am aware that it is an offence to provide false and misleading information.

Print Name: _____ Date: _____

Signature: _____

Town of Mosman Park Signature: _____

Methods of Payment

Payment for your animal's registration can be made:

- In person: Memorial Drive, Bay View Terrace, Mosman Park (cash, cheque, money order, credit card or EFTPOS)
- Credit Card payment: Only MasterCard or Visa will be accepted. Surcharge of 0.8% on credit card payments

Cardholder Name:			
Card Number:			
Signature:	Amount: \$	Card Expiry Date: /	CCV: