



Memorial Park, Bay View Terrace, Mosman Park WA 6012  
PO Box 3 Mosman Park WA 6912  
T: (08) 9383 6600 Mon - Fri 8:30am to 4:30pm

Registration FROM 1<sup>st</sup> NOVEMBER

Please attach a copy of certificates for Microchipping & Sterilisation

New Registration: ☐ Renewal ☐ Transfer: ☐ Transferred from:

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:			Post Code:	
<i>(PO Box not accepted)</i>				
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:	Yes		No	
<i>(Proof Document Required)</i>				
*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:			Microchip Database Company Name:	
<i>(Proof Document Required)</i>				
New Tag No:			Year of Expiry:	
<i>(Issued by the Town)</i>				
Registration period:	1 Year		3 Years	Lifetime
<i>(See fees on page 2)</i>				

### 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

Yes

No

Is the custodian a member of a prescribed exempt organisation?

Please give details of the prescribed exempt organisation:

Yes

No

	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: \_\_\_\_\_

**Please attach a copy of certificates for Microchipping & Sterilisation**

### 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: