

A) OWNER DETAILS

(must be over 18 years of age)

Title: (Mr Mrs Ms) First name: Middle name: Last name: D.O.B.: (dd/mm/yyyy)

Residential address: Suburb: Postcode:

Postal address: Suburb: Postcode:

Contact: (Work) (Mobile or Home) Pension Concession Number (proof required)

Email address (if available): Can your local Government use this email address to issue renewal notices and other relevant information? Yes No

Alternate contact details (optional) (must be over 18 years of age)

Title: (Mr Mrs Ms) First name: Middle name: Last name: D.O.B.: (dd/mm/yyyy)

Residential address: Suburb: Postcode:

Contact: (Home) (Work) (Mobile)

B) CAT DETAILS

Please note: evidence must be provided of your cat microchip and sterilisation details prior to your application being processed. If your cat is eligible for an exemption please complete the details in the relevant section below.

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

Number of cats to be located at these premises: Cat's age or D.O.B.: (dd/mm/yyyy) Any distinguishing features or marks?

Cat's name: Breed: Colour:

Microchip number: (proof required) Is the cat sterilised? (proof required) Approved breeder? Gender:

Is the custodian a member of prescribed exempt organisation? If yes, please give details of the exemption including details of the Veterinarian:

If cat is not sterilised, please give details of the exemption including details of the Veterinarian:

C) REGISTRATION

Registration period (tick required box)	1 Year (Full fee)	1 Year (Pensioner)	3 Year (Full fee)	3 Year (Pensioner)	Lifetime (Full fee)	Lifetime (Pensioner)
	☐ \$20.00	☐ \$10.00	☐ \$42.50	☐ \$21.25	☐ \$100.00	☐ \$50.00

Previous Local Government where cat was registered: Registration number:

OFFICE USE ONLY

Animal Number: Tag Number: Registration expiry:

D) NOTIFICATION OF NEW OWNER

Title: (Mr Mrs Ms)	First name:	Middle name:	Last name:	D.O.B.: (dd/mm/yyyy)
Residential address:			Suburb:	Postcode:
Contact: (Work)	(Mobile)	(Home)		

E) APPLICATION FOR APPROVED BREEDER

Application fee: \$100.00

Application to be an approved breeder (please tick)	☐	Number of breeding cats to be kept at this property:		Breed of cats to be bred:		Membership of prescribed organisation:	
Description of facilities:							

F) PREVIOUS CONVICTIONS

Do you have any convictions for offences against this Act, Dog Act 1976 or Animal Welfare Act 2002 in the 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:

G) DECLARATION

Full name of person / organisation / company name:

Address:	Suburb:	Postcode:

declare that the information I have provided is true and correct. I am aware that it is an offence to provide false and misleading information.

Signature:	Date: (dd/mm/yyyy)

PAYMENT METHODS



By mail: Cheques or money order to be made payable to CITY OF ROCKINGHAM and crossed 'Not Negotiable'. Post to PO BOX 2142, Rockingham DC WA 6967.



In person: City Administration, Cash, Cheque, Credit Card or EFTPOS available.

The City of Rockingham is collecting your personal information under the Cat Act 2011 to process your application for cat registration. It may also be used for secondary purposes which would be reasonably expected. We may share this information with other local governments or veterinary practices in order to return your found animal to you. If you choose not to provide your personal information, we may reject your application.

To access, correct or learn more about how we handle personal information contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.

COPY ALL DETAILS FROM YOUR CARD IN SPACES BELOW

Card type:	 ☐	 ☐	Card expiry:		/	
Card number:						
Card holders name:						
Date: (dd/mm/yyyy)				Amount:		
Phone number:				Signature:		
Your signature is herein authority for us to issue a sales voucher for the full amount shown in the space provided.						