

Application for Registration

Document1

Registration Fees (circle applicable)				
		1 Year	3 Years	Lifetime
Standard	Unsterilised Dog	50.00	120.00	250.00
	Sterilised Dog / Cat	20.00	42.50	100.00
Pensioner	Unsterilised Dog	25.00	60.00	125.00
	Sterilised Dog / Cat	10.00	21.25	50.00
Stock Dog	Unsterilised	12.50	30.00	62.50
	Stock Dog Sterilised	5.00	10.63	25.00

Owner details (one owner only and MUST be 18 years old) – please print full name in BLOCK LETTERS

Full Name:		Pension #:
Residential Address:	Postal Address:	Kept at address for animal:
Home:	Mobile:	Work:
*Email:		
Can we use this email address to issue renewal notices and other relevant information? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

Name:	Residential address:
Home:	Mobile:
	Work:

	PET 1	PET 2	PET 3
Pet type	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Cat
Registration	<input type="checkbox"/> New <input type="checkbox"/> Renew	<input type="checkbox"/> New <input type="checkbox"/> Renew	<input type="checkbox"/> New <input type="checkbox"/> Renew
Sterilised	<input type="checkbox"/> Yes <input type="checkbox"/> No (Compulsory for cats unless exemption is provided)	<input type="checkbox"/> Yes <input type="checkbox"/> No *Sterilisation certificate required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M
Name			
Breed			
Colour			
Age (DD/MM/YY) or year if known			
Tag Number:			
Microchip Number:			
(Compulsory unless exemption is provided by a vet) * Microchipping certificate required			

Dangerous Dogs		
Has the dog been declared a dangerous dog?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the dog kept or to be kept as a commercial security Dog?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restricted Breeds - Is the dog Pitt Bull Terrier, American Pit Bull Terrier, Fila Brasileiro, Japanese Tose, Dogo Argentina or Perro depresa Canario. All restricted breeds must be microchipped, sterilised and cannot be bought, sold or transferred.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Dog Owner Please Answer (tick)		
Do you have any convictions of offences against the Dog Act 1976, Cat Act 2011 or Animal Welfare Act 2002 in the past 3 years? (If yes please attach details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently banned, or have ever been banned, from owning or keeping a dog under the Dog Act 1976 section 46A (2) either permanently or for a period specified on the order? (If yes please attach details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Owner's or Agent's Declaration	
<p>I declare that:</p> <p>I, the undersigned make application for the registration of the dogs/cats described above and declare the information to be true and correct.</p> <ul style="list-style-type: none"> a. I am / or the authorised agent is not, under 18 years of age. b. The particulars shown in this application are true to the best of my knowledge and belief; and I certify for the purpose of section 16 (1a) of the Act, that this means exist on the premises at which the dog will ordinarily be kept for effectively confining the dog within the premises. c. The information I have provided is true and correct, I am aware that it is an offence to provide false or misleading information. <p>Signature: _____ Date: _____</p>	

Payment in Person	Payment by Mail	Payment by Credit Card
Cash, Cheque, Eftpos, Credit Card, or Money Order Shire of Irwin Admin Centre 11-13 Waldeck Street DONGARA WA 6525	Cheque or Money Order Made payable to: Shire of Irwin, PMB 21, DONGARA WA 6525	Please complete the Credit Card payment details below – no phone payments will be accepted

Credit Card Payment (not required if paying in person)															
Card Number:															
				-					-					-	
Expiry Date:				Card Type: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa											
Card Holders Name:										Signature:					

Office Use Only	
Receipt Number:	
Registration Office Signature:	Date: