



☐ New Cat Registration ☐ Transfer to SODB

Please note that an original or certified copies of the cat's Microchip Registration and Certificate of Sterilisation (if applicable) must be submitted with this form. If you are transferring your pet, you will need to update the cat's Microchip details prior to submitting this form.

If this is a Transfer, please name the previous local government they were registered to:

OWNER DETAILS								
☐ Mr ☐ Mrs ☐ I	Ms ☐ Miss	☐ Miss Surname:						
Given Name (s):								
Decidential Address.								
Residential Address:	ownsite:	wnsite:		Postcode:				
Postal Address:								
(if different from above)	ownsite:			Postcode:				
D.O.B:			Phone #:					
Email:			Home #:					
ALTERNATIVE/EMERGENCY CONTACT DETAILS								
□ Mr □ Mrs □ Ms □ Miss Surname:								
Given Name (s):			Phone #:					
Given Name (s):			Phone #	τ.				
Given Name (s): CAT DETAILS			Phone #	T.				
			Sex:	□ MALE	☐ FEMALE			
CAT DETAILS	years	months			☐ FEMALE			
CAT DETAILS Name:	years	months	Sex:		☐ FEMALE			
CAT DETAILS Name: Age:	years Microchip (15		Sex:		☐ FEMALE			
CAT DETAILS Name: Age: Colour/Markings:	Microchip (15	digits):	Sex: Breed:		☐ FEMALE			
CAT DETAILS Name: Age: Colour/Markings: Sterilised?	Microchip (15 e to be kept at th	digits):	Sex: Breed:	□ MALE				

Please continue providing your cat's details on the next page of this form.

Cat Registration Form

Shire of Donnybrook Balingup, Cat Act 2011 and Animal Welfare Act 2002 CREG.V.24.1



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Are there effective means for co	onfining the cat to the premise	es it is kept	? 🗆 YES	□NO
Is the cat to be used for breeding	g?		☐ YES	□NO
Is the owner of the cat a member	er of a prescribed exempt orga	anisation?	☐ YES	□NO
If yes, please provide the organi	sation's details below.			
OWNER DECLARATION				
I, the owner named in this form, decla accurate and true to the best of my kn under the <i>Cat Act 2011, Cats Local Act</i> that these acts alongside the Shire of I	owledge. By signing, I also confirm t 2017, or Animal Welfare Act 2002 v	hat I have <i>no</i> within the pa	ot been convicted of st three (3) years.	of an offence
Signature:			Date:	
Please be advised that a with the Shire Rangers p		eding m	iust be disci	ussed
To talk to a Ranger, please send a during office hours (Monday - Fri	,	ok.wa.gov	au or call (08) 9	9780 4200
OFFICE USE ONLY:				
Date received & who by:				
Receipt #:	Tag #:	Asse	ss. #:	