



SHIRE OF GOOMALLING

Office Address: 32 Quinlan Street, Goomalling
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CAT REGISTRATION APPLICATION FORM

I _____ (owner) D.O.B. ____/____/____

of _____ (Address)

the owner of the cat particulars of which are listed in this application, declare that - (a) I am not under 18 years of age; and (b) the information I have provided is true and correct and I am aware that it is an offence to provide false or misleading information.

Name of Cat	
Age	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Sterilised	<input type="checkbox"/> YES <input type="checkbox"/> NO (Approved Breeder only)
Microchip Number	
Colour & Distinguishing Marks	
Breed of Cat	
Concession Number:	Exp Date: / / <input type="checkbox"/> card sighted
Postal Address	
Premises where cat will ordinarily be kept	
Email	
Home Number	
Mobile Number	
Term of Registration	<input type="checkbox"/> 1 year <input type="checkbox"/> 3 years <input type="checkbox"/> Life

Signature: _____ Date: _____

FOR OFFICE USE ONLY FEES PAYABLE	
Sterilised Cat	<input type="checkbox"/> 1 year \$20.00 <input type="checkbox"/> 3 years \$42.50 <input type="checkbox"/> LIFE \$100.00
Breeding Cate	<input type="checkbox"/> 1 year \$100.00
Concessions: 50% discount Pensioners 50% discount Registrations after 31 May (except LIFE)	
Date of Issue: ____/____/____	Tag Number:
Registration Valid until ____/____/____	Signature of registration officer: