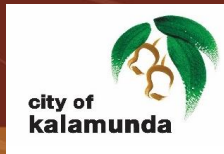


Application for Cat Breeder

Cat Act 2011



FORM 1 — Details to be provided under various provisions *Cat Act 2011 s.8*

*** All cats must be registered, sterilised and microchipped once they reach 6 months of age.*

REGISTRATION FEES: 1 YEAR \$20, 3 YEARS \$42.50, LIFETIME \$100

****HAVE YOU SOUGHT PLANNING APPROVAL FOR YOUR CATTERY? See Cat Breeder Application Procedure attached****

PART A: CAT OWNER DETAILS

Full Name:		
Residential Address:		Post Code:
Postal address (if different from above):		Post Code:
Phone: (H)	(W)	(Mob)
Age (must be 18 year or older): _____ / _____ / _____		
Email:		
Can the City use this email to issue renewal notices and other relevant information? YES <input type="checkbox"/> NO <input type="checkbox"/>		

ALTERNATIVE CONTACT DETAILS (OPTIONAL)

Person's Full Name:		
Residential Address:		Post Code:
PO BOX (if different from above):		Post Code:
Phone: (H)	(W)	(Mob)
Age (must be 18 year or older): _____ / _____ / _____		

PART B: CAT DETAILS

Address where cat is normally kept (if different from Part A): _____ _____ Post Code: _____
Number of cats to be located at these premises:(can be no more than 6):

CAT 1: DETAILS		
Cat's Name:	Age:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>
Colour:	Breed (if known):	
Is the cat microchipped?		
Yes <input type="checkbox"/> Microchip Number*: _____ * <i>Copy of Microchip Form must be attached</i>		
No <input type="checkbox"/> Exempt* * <i>Copy of Certificate from Veterinarian must be attached</i>		
Registration Fee:	Prescribed Breeder Fee: 1 year: \$100 <input type="checkbox"/>	Total Fee per cat: _____

CAT 2: DETAILS		
Cat's Name:	Age:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>
Colour:	Breed (if known):	
Is the cat microchipped?		
Yes <input type="checkbox"/> Microchip Number*: _____ * <i>Copy of Microchip Form must be attached</i>		
No <input type="checkbox"/> Exempt* * <i>Copy of Certificate from Veterinarian must be attached</i>		
Registration Fee:	Prescribed Breeder Fee: 1 year: \$100 <input type="checkbox"/>	Total Fee per cat: _____

CAT 3: DETAILS		
Cat's Name:	Age:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>
Colour:	Breed (if known):	
Is the cat microchipped?		
Yes <input type="checkbox"/> Microchip Number*: _____ * <i>Copy of Microchip Form must be attached</i>		
No <input type="checkbox"/> Exempt* * <i>Copy of Certificate from Veterinarian must be attached</i>		
Registration Fee:	Prescribed Breeder Fee: 1 year: \$100 <input type="checkbox"/>	Total Fee per cat: _____

CAT 4: DETAILS		
Cat's Name:	Age:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>
Colour:	Breed (if known):	
Is the cat microchipped?		
Yes <input type="checkbox"/> Microchip Number*: _____ * <i>Copy of Microchip Form must be attached</i>		
No <input type="checkbox"/> Exempt* * <i>Copy of Certificate from Veterinarian must be attached</i>		
Registration Fee:	Prescribed Breeder Fee: 1 year: \$100 <input type="checkbox"/>	Total Fee per cat: _____

CAT 5: DETAILS		
Cat's Name:	Age:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>
Colour:	Breed (if known):	
Is the cat microchipped?		
Yes <input type="checkbox"/> Microchip Number*: _____ * <i>Copy of Microchip Form must be attached</i>		
No <input type="checkbox"/> Exempt* * <i>Copy of Certificate from Veterinarian must be attached</i>		

Registration Fee:	Prescribed Breeder Fee: 1 year \$100 <input type="checkbox"/>	Total Fee per cat: _____
CAT 6: DETAILS		
Cat's Name:	Age:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>
Colour:	Breed (if known):	
Is the cat microchipped?		
Yes <input type="checkbox"/> Microchip Number*: _____ * <i>Copy of Microchip Form must be attached</i>		
No <input type="checkbox"/> Exempt* * <i>Copy of Certificate from Veterinarian must be attached</i>		
Registration Fee:	Prescribed Breeder Fee: 1 year: \$100 <input type="checkbox"/>	Total Fee per cat: _____

PART C AND D NOT APPLICABLE

PART E: APPLICATION FOR APPROVED BREEDER

Breed of cats to be bred:
Number of breeding cats to be kept on the property:
Description of facilities: _____ _____
Membership of prescribed organisation: <i>(Copy of Written Confirmation must be attached)</i> <input type="checkbox"/> Cat Owners Association of WA <input type="checkbox"/> Feline Control Council of WA <input type="checkbox"/> Australian National Cats

PART F: PREVIOUS CONVICTIONS

Do you have any convictions for offences against <i>The Cat Act 2011, The Dog Act 1976</i> or <i>The Animal Welfare Act 2002</i> in the past three years? YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please give details specifying the date of the conviction(s), nature of the offence and the legislation involved: _____ _____

PART G: DECLARATION

The City may refuse an application if any or all of the required information is not provided within the time period specified in the legislation.
I, _____ (person's full name or organisation/company name)
of _____ (address)
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.
SIGNED: _____ Date: _____

PAYMENT OPTIONS



A) BY POST - Please return all paperwork with your cheque or money order, made payable to:

CITY OF KALAMUNDA
 PO Box 42,
 Kalamunda WA 6926

B) OR IN PERSON at the City of Kalamunda Administration Centre, 2 Railway Road, Kalamunda (during normal office hours)

C) OR BY CREDIT CARD: (0.46% surcharge applies)

COPY ALL DETAILS FROM YOUR CARD IN THE SPACE BELOW -

CARD TYPE (Please tick the appropriate box):  

CARD NO: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ EXP: _ _ / _ _ CSV: _ _ _

Card Holder's Name:

Signature: _____ Date: _____

Phone: (H) _____ (Mob) _____

AUTHORISED PAYMENT: Registration Fee Total \$ _____ x Cat Breeder Fee _____ (no. of cats x \$100)
 = TOTAL \$ _____

PART H: LOCAL GOVERNMENT USE ONLY

Approved Breeder: <input type="checkbox"/>	Registrations approved: <input type="checkbox"/>
Conditions of approval:	Assigned Cat Breeder Registration Number: _____

ASSIGNED REGISTRATION NUMBERS:

Cat 1: _____ Cat 2: _____ Cat 3: _____

Cat 4: _____ Cat 5: _____ Cat 6: _____

Registration is not valid unless receipt attached.