

**APPLICATION FOR A CERTIFICATE OF REGISTRATION**  
Western Australian Dog Act (Ss 15 and 16)



Owners details:			
Name:			
Residential Address:			Assessment:
Postal Address (if different from residential):			
Contact telephone number:	(H) _____	(W) _____	(M) _____
Email Address:			
Owner DOB (must be over 18 years or older):			
Pensioner Concession holders: (Aged Pension, Disabled Pension, Commonwealth Health Care Card, Supporting Parents Pension and Carer's Pension)			
Pension number:			
Alternate/Emergency Contact:			
Name:			
Address:			
Contact Number:			

Dog Details:	
Dog Name:	Dog Age: (years) _____ (months) _____
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Sterilised: Yes <input type="checkbox"/> No <input type="checkbox"/>
Breed:	
Colour:	
<b>Microchip number: (mandatory-microchip certificate must be supplied)</b>	

REGISTRATION: (Registration renewals due 31 <sup>st</sup> October)			
1 year	<input type="checkbox"/>	Sterilised fee \$20	Unsterilized fee \$50.00
3 years	<input type="checkbox"/>	Sterilised fee \$42.50	Unsterilized fee \$120.00
Lifetime	<input type="checkbox"/>	Sterilised fee \$100.00	Unsterilized fee \$250.00
Please tick if applicable: Pensioner concession (50% discount) <input type="checkbox"/>			
Please tick if applicable: Working Dog concession (25% of full fee) <input type="checkbox"/>			

**IMPORTANT: Please read and sign this declaration, registration will not be processed without your signature.**

- I declare that means for effectively confining the dog exist on the premises where the dog with be ordinarily kept.
- The owner is not under 18 years old.
- The information I have provided is true and correct and I am aware that it is an offence to provide false and misleading information.

Owners signature:	Date:
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Assigned Tag Number:	Receiving Officer:
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