

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:	
Microchip number: (mandatory-microchip certificate must be supplied)	

REGISTRATION: (Registration renewals due 31st 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"/>			

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

1. I declare that means for effectively confining the dog exist on the premises where the dog with be ordinarily kept.
2. The owner is not under 18 years old.
3. 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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