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Synergy Reference No: N

CAT AND DOG REGISTRATION APPLICATION FORM

PLEASE TICK CAT OR DOG

Assessment Number: _____ Registration Number _____

Owners Name: _____

Residential Address: _____

Postal Address: _____

Date of Birth: _____

Contact Number: Hm: _____ Wk: _____ Mobile: _____

Pets Name: _____

Age of Pet: Years Months

Sex of Pet: Male Female

Colour of Pet: _____

Breed of Pet: _____

Is Pet Sterilised? YES NO Sterilisation Date: _____

Pension/Concession Card Number _____

Microchip: Yes Number: _____

***Microchipping is COMPULSORY for CATS**

IF STERILISED AND MICRO CHIPPED PROOF OF SUPPORTING DOCUMENTATION IS REQUIRED

THE KEEPING AND WELFARE OF CATS LOCAL LAW 2008 AND DOG ACT 1976 ACT

Declaration:

- a) I am 18 years of age or over;
- b) I certify, for the purpose of the above stated Acts, the means do exist on the premises at which the cat/dog will be kept, for effectively confining the cat/dog within the premises.
- c) The particulars shown in this application are true to the best of my knowledge.

Owners Signature

Date