

CAT REGISTRATION APPLICATION

Full Name:		Date of Birth:
I ull ivaille.		(must be 18 years or older)
Residential Address:		<u>-</u>
Postal Address:(if different from above)		
Contact: (h)	(m)	Email:
Alternate Contact Details Full Name:		
Contact: (h)	(m)	Email:
Cat details Address where Cat is norm	nally kept:	
Number of Cats to be locat	ed at these premises:	
Cat Name:	Age: years_	months Breed:
Colour:	Distinguishing marks	:
Gender (tick) Male If not sterilised, please give membership of prescribed	e details of the exemption	n including contact details of the veterinarian and/or details of
Microchipped? Yes:	Microchip Number:	Data Base:
No:	Microchip exemption ce	rtificate must be provided
Period of Registration:	1 Year	3 Years Lifetime
Pensioner Concession:	Card Number:	·
Please provide copies of	microchip and sterilisa	ation certificates and concession card if applicable.
Do you have any previous	convictions under the Do	og Act 1976, Cat Act 2011 or Animal Welfare Act 2002 in the past 3
years? Please (tick) Yes	No 🗌	
If yes, please give details o	of the date of the convicti	on(s), nature of the offence and the legislation involved?
Are you applying to becom	e a cat breeder? <i>Please</i>	(tick) Yes No
Declaration I, declare that the informati misleading information.	on I have provided is tru	e and correct. I am aware that it is an offence to provide false and
Applicant's Signature:		Date:
Office use only Assessment	Reg r	number
Signed:	Date:	