**71 Stirling Hwy Nedlands 6009 T 9273 3500**

**PO Box 9 Nedlands 6909 F 9273 3670**

 **E CRM-Rangers@nedlands.wa.gov.au**

nedlands.wa.gov.au

**REGISTRATION BEGINS 1 NOVEMBER EACH YEAR**

 **Animal Number: Receipt Number: Registration:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

 **Tag Number: Amount: Officer and Date:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

**I wish to register my;**

 **Dog**  Form 4

(Dog Act 1976)

 **Cat** Form 1

 (Cat Act 2011)



**OWNER DETAILS (must be over 18 years of age)**

**Full Name:**

|  |
| --- |
|  |

**Residential Address:**

|  |
| --- |
|  |
|  |

**Postal Address (If different from residential):**

|  |
| --- |
|  |
|  |

**Date of Birth: Commonwealth Pension No:**🗎 Attach Copy

|  |  |
| --- | --- |
|  |  |

**Contact Details:**

|  |  |
| --- | --- |
| **Home** | **Mobile**  |

**ALTERNATE CONTACT DETAILS**

**Full Name:**

|  |
| --- |
|  |

**Residential Address:**

|  |
| --- |
|  |
|  |

**Contact Details:**

|  |  |
| --- | --- |
| **Home** | **Mobile**  |

**ANIMAL CERTIFICATE OF REGISTRATION**

DOG ACT 1976 S16(6)(A) FORM 5

 CAT ACT 2011 S11(1) FORM 2

This is to certify that;

|  |  |  |
| --- | --- | --- |
| **Name of Animal:**  | **Age:** | **Gender:** |

|  |  |  |
| --- | --- | --- |
| **Breed:** | **Colour:** | **Sterilised:** |

Has been registered to:

|  |  |
| --- | --- |
| **Name of Owner:** | **Address:** |

|  |  |
| --- | --- |
| **By the City of Nedlands** | **This registration expires on:** |

**the City of Nedlands**



****

**OFFICE USE ONLY**

 🗆 1yr 🗆3 yr 🗆 Lifetime

**ANIMAL DETAILS**

**Animal Name:**

|  |
| --- |
|  |

**Date of Birth:**

|  |
| --- |
|  |

**Breed:**

|  |
| --- |
|  |

**Colour:**

|  |
| --- |
|  |

**Microchip Number:**

|  |
| --- |
|  |

**Email**

|  |
| --- |
|  |

**Previous Local Government if transferring registration:**

|  |
| --- |
|  |

**Gender:** 🗹 **Male** 🗹 **Female**

**Sterilised:** 🗹 **Yes** 🗎 Attach Copy🗹 **No**

**ALL CATS MUST BE STERISLIED UNLESS EXEMPTION GRANTED BY A VET -** 🗎 Proof required

**Animal Number:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**Tag Number:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

**Receipt Number:**

|  |
| --- |
|  |

**Amount:**

|  |
| --- |
|  **$**  |

**Registration:**

🗹1 YR 🗹3 YR 🗹LIFETIME

|  |
| --- |
| **Officer:**  |

|  |
| --- |
| **Date:** |

**COMPLETE IF REGISTERING YOUR DOG**

Number of dogs to be located at these premises?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the dog/s be effectively confined in or at the premises identified?

🗹 **Yes** 🗹 **No**

Is the dog kept, or to be kept, as a commercial security dog?

🗹 **Yes** 🗹 **No**

Has the dog been declared dangerous?

🗹 **Yes** 🗹 **No**

If yes, please provide details

|  |
| --- |
|  |

Is the dog a pit bull terrier, an American pit bull terrier or a mix of one or both of those breeds?

🗹 **Yes** 🗹 **No** 🗹 **Unknown**

Is the dog kept for the purposes of the crown?

🗹 **Yes** 🗹 **No**

Are you subject to any orders regarding being banned from owning or keeping a dog?

🗹 **Yes** 🗹 **No**

If yes, please give details:

|  |
| --- |
|  |

**PREVIOUS CONVICTIONS**

Do you have any convictions for offences against the Cat Act 2011, the Dog Act 1976 or Animal Welfare Act 2002 in the past 3 years?

🗹 **Yes** 🗹 **No**

If yes, specify date and nature of offence and legislation involved:

|  |
| --- |
|  |

**METHODS OF PAYMENT**

**In Person**

Present this notice Intact to the cashier at 71 Stirling Highway,

Nedlands during office hours 8.30 am - 4.00 pm.

**By Mail**

Send this notice INTACT together with a cheque made payable

to the City of Nedlands, addressed to: PO Box 9 Nedlands WA 6909.

**Credit Card (Mastercard or Visa)**

Please note there is a surcharge of 0.76% for payments by credit

card or a 0.37% surcharge on Visa/Master debit card.

Card Holder’s Name

Card Type

  

Card Number Expiry

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Amount Card Holder Signature Date

|  |  |  |
| --- | --- | --- |
| **Dog and Cat****Fees** | **Dogs / Cats** | **Dogs** |
| **Sterilised** | **Unsterilised** |
| **Standard** | **Pensioner** | **Standard** | **Pensioner** |
| **1 Year** | $20 | $10 | $50 | $25 |
| **3 Year** | $42.50 | $21.25 | $120 | $60 |
| **Lifetime** | $100 | $50 | $250 | $125 |

**DECLARATION TO BE COMPLETED:**

The City of Nedlands may refuse an application if any information is not provided within legislative time period

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that

 (Print Full Name) (Address)

 the information I have provided is true and correct. I am aware that it is an offence to provide false information.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE SIGN HERE**

**PLEASE SIGN HERE**

$

**DOG OWNERS RESPONSIBILITES**

* Dogs aged 3 months and over must be registered and microchipped.
* Your dog must wear a collar displaying owners name, address and registration tag
* You must be in control of your dog by holding it on a leash unless in a designated dog exercise area.
* Pick up after your dog.

**CAT OWNERS RESPONSIBILTIES**

* Cats aged 6 months and over must be:
	+ - registered
		- sterilised
		- microchipped
* Ensure your cat is not causing a nuisance to your neighbours.
* Place a bell on your cats collar to avoid injury to wildlife.

**YOU MUST INFORM THE CITY OF NEDLANDS OF ANY CHANGES IN OWNERSHIP, THE DEATH OF A DOG/CAT OR ANY CHANGE OF ADDRESS.**