

Application for a 3-4 Cat Permit (Not a Cattery)

Record No: I	
Assessment: A	

Applicant to submit with \$80.00 Application Fee

OWNERS	DETAILS									
Name _										
Residenti	ial Address									
Postal Ac	ddress (if differer	nt from abov	e)							_
Phone (F	H)		(M)			(W)				_
Email										
Age (dd,	/mm/yy)	/	/		(owner mu	st be 18 y	ears	or older		
I request t	to keep the follo	owing dogs	at the follo	wing o	address:					
	ote: During this		ii piocess,	yours	on conding resid	uenis and	/OI P	roperty ov	viieis, w	II
Cat Name			Registration Number			Breed				
Colour			Microchip Number			Age		Years		Months
Sterilised	(please circle)	Yes	s No		Sex (plea	ise <mark>c</mark> ircle)		Male	Fem	ale
Cat Name			Registration Number			Breed				
Colour			Microchip Number			Age		Years		Months
Sterilised	(please circle)	Yes	s No	•	Sex (plea	ise <mark>c</mark> ircle)		Male	Fem	ale
Cat Name			Registration Number			Breed				
Colour			Microchip Number			Age		Years		Months
Sterilised	(please circle)	Yes	s No	l	Sex (plea	ise <mark>c</mark> ircle)		Male	Fem	ale
Cat Name			Registration Number			Breed				
Colour			Microchip Number			Age		Years		Months
Sterilised	(please circle)	Yes			Sex (plea	ise <mark>c</mark> ircle)		Male	Fem	ale

Please provide a brief de	scription of the reason for the	additional cats.	
2. Have you ever be against the Cat Ac	d for breeding on this proper en subject to an animal welf et 2011, Dog Act 1976, or the A	fare prosecution or commit Animal Welfare Act 2002 in	
4. Prior to application on collar under <i>The</i>5. Are you the legal I	current vaccinations? a, cats must be identifiable by a Shire of Northam, Keeping of and owner? de with this application, writt	and Control of Cats Local L	aw 2019. Yes No
agent.			
DECLARATION			
and I am the legal ow	rner of the registered cats no nformation the Shire of North	amed above. I understand	that if I provide
Signed	Da ⁻	te	
OFFICE USE ONLY	Officer Acknowled	lgement	
Receipt Number	Signed	Date	