City of Melville

10 Almondbury Road Booragoon 6153 Western Australia
Locked Bag 1, Booragoon 6954

Telephone: 1300 635 845
Facsimile: (08) 9364 0285
Payment Hours: Monday - Friday 8.30am - 5.00pm

Western Australian Dog Act 1976

APPLICATION FOR A CERTIFICATE OF REGISTRATION

OWNERS PARTICULARS

( ) Mr ( ) Mrs ( ) Miss ( ) Ms

SURNAME: _____

GIVEN NAME: _____

ADDRESS: _____

SUBURB: _____

OWNER'S DATE OF BIRTH: ____/____/_____

TELEPHONE (H): _____

(W): _____

(M): _____

EMAIL: _____

DOG PARTICULARS

NAME OF DOG: _____

DOG'S DATE OF BIRTH: ____/____/_____

OR: AGE IN YEARS:_____MONTHS:_____

SEX: ( ) FEMALE ( ) MALE

COLOUR: _____

BREED: _____

ANY IDENTIFIABLE MARKINGS? _____

_____

PREMISES KEPT: _____

_____POSTCODE _____

FEES PAYABLE

	1 YEAR	3 YEARS
Unsterilised	$30	$75
Sterilised	$10	$18

CONCESSION RATES

- Sterilised dog (on production of a registered veterinary surgeon's certificate or statutory declaration)
- Guide Dog – No Fee
- Dogs owned by pensioners – Half the fee otherwise payable (on production of the Pension Concession Card)

PLEASE NOTE

- Any change in particulars contained in this application including change of ownership, the death of a dog and any change in address MUST be notified to Council immediately.
- Dogs 3 months and over must be registered.
- Dog registrations expire on 31st October each year (as from 1st June each year half the normal fee will be applicable to FIRST annual registrations only).
- Refunds on three year registration cannot be made without return of the tag.

PLEASE READ AND SIGN THE DECLARATION

OWNER/AGENT DECLARATION

I declare that:
(a) The dog owner is aged 18 years or over
(b) The particulars shown in this application are true to the best of my knowledge and belief
(c) I certify for the purpose of section 16(1a) of the Act that sufficient means exist on the premises at which the dog is ordinarily kept for effectively confining the dog within those premises.

SIGNED: _____ DATE: _____

OFFICE USE ONLY
Registration Number:
_____

METHOD OF PAYMENT

CARD TYPE
( ) MASTERCARD ( ) BANKCARD ( ) VISA ( ) AMERICAN EXPRESS
(Please tick appropriate box)

Card No: | | | | | | | | | | | | | | | | |

CARD EXPIRY DATE: __/___
CARD HOLDERS NAME:_____
AMOUNT:_____
DATE: __/__/__
SIGNATURE:_____
Your signature gives authority for us to debit the full amount shown in the space above.
Please note a Credit Card Surcharge of 0.7% applies to all credit card transactions.

Payment at the City of Melville
Payment may be made in person at the City of Melville administration Centre, located at 10 Almondbury Rd, Booragoon, WA. Office Hours: 8.30am to 5.00pm Monday to Friday

By Mail
City of Melville
Locked Bag 1
Booragoon WA 6954

Cheques and money orders are To be made payable to "City of Melville"