

A - OWNER DETAILS (must be over 18 years of age, only one owner permitted)
Mr Ms Miss Mrs Other
Surname: Given Name/s:
Residential Address:
Suburb:Postcode:
D.O.B (dd/mm/yy):/
Postal Address (if different to above):
Suburb:Postcode:
Phone: (Home) (Work) (Mobile)
Email:
Can the City of Melville use this email address to issue renewal notices and other relevant information?
OWNERS DELEGATE CONTACT RETAILS
OWNERS' DELEGATE CONTACT DETAILS (optional, must be over 18 years of age)
Mr Ms Miss Mrs Other
Surname: Given Name/s:
Residential Address:
Suburb:Postcode:
D.O.B (dd/mm/yy):/
Postal Address (if different to above):
Suburb:Postcode:
Phone: (Home) (Work) (Mobile)
B – DOG DETAILS
Dog's Name: D.O.B:/Breed:
Colour: Gender: Male Female Microchip Database Company:
Microchip Certificate Attached (optional): Yes No Microchip Number:
Sterilised: Yes No Any distinguishing marks/features:
Address where dog is normally kept (if different from above):
Will the dog be effectively confined in or at the premises identified above: Yes No
Is the dog kept as a commercial security dog: Yes No Number of dogs located at these premises:
Has the dog been declared a dangerous dog: Yes No See 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 (If yes, note that the Dog Act 1976 does not apply: section
6(4). And supporting documentation must be attached)
Is the dog currently registered with another council? Yes No If yes which council: Tag #: (if currently registered with another council please skip to step E)

DOG REGISTRATION

The Dog Act 1976 states dog owners must ensure their dog:

- Wears a collar displaying the owner's name, address and council registration tag when in a public place
- Dogs aged three months and over must be registered.
- Is under the control of a competent person on a maximum two-metre lead when in a public place.
- Is exercised off a leash in designated areas only, with the person in control carrying a leash to ensure the dog can be restrained if required.
- Proof of dog being sterilised (eg; sterilisation certificate).
- Any change in particulars contained in this application including change of ownership, death of animal and any change in address MUST be notified to council.

Dog registrations must be renewed prior to 1 November. Penalties may apply for failing to renew your dog registration.

FEES PAYABLE Full Pension Full Pension Full Pension Full Pension	00	
Unsterilised \$250.00 \$125.00 \$120.00 \$60.00 \$50.00 \$25.00 \$25.00 \$10.00 \$25.00 \$10.00 <	00	
Sterilised □ \$100.00 □ \$50.00 □ \$42.50 □ \$21.25 □ \$20.00 □ \$10. Dangerous Dog □ \$50.00 (annually) Assistance Dog (Supporting evidence attached) Nil Fee Applicable □		
Dangerous Dog □ \$50.00 (annually) Assistance Dog (Supporting evidence attached) Nil Fee Applicable □	00	
Assistance Dog (Supporting evidence attached) Nil Fee Applicable		
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Are you eligible for a pensioner concession? Yes □ No □		
(If yes a copy (both sides) of your current Pensioner Card must be attached.)		
E – PREVIOUS CONVICTIONS, RELEVANT ORDERS Do you have any convictions for offences against the Dog Act 1976, Cat Act 2011 or Animal Welfare Act 2002 in past 3 Year Yes No If yes, please give details, specifying the date of the conviction(s), nature of the offence and the legislation in the Year Year No No No No No No No No No N	1976	
 I declare that the information I have provided is true and correct; I certify, that for the purposes of section 16(1a) of the Act, that means exist on the premises at which the dog will ordinarily be kept for effectively confining the dog within those premises; I am aware that it is an offense to provide false and misleading information; I understand that Local Government may refuse an application if any or all the required information is not provided within the time period specified in the legislation; I am or the owner is not under 18 years of age PROOF OF STERILISATION: (Please attach photocopy) Proof of sterilisative required in the form of either: Veterinary Surgeon Certificate Signed Statutory Declaration 	tion is	
Signature: Date:		
PAYMENT OPTIONS		
Copy all details from your card in spaces in below; Pay with cash, cheque, debit card or Credit Card. You can pay at the office of the City of Melville, 10 Almondbury Road, Booragoon, during office hours. Copy all details from your card in spaces in below; Card Number:		
Send in this completed form with Credit Card details or cheque payable to: City of Melville, 10 Almondbury Road, Booragoon, W.A. 6154 Card Type: MasterCard Visa American Express Card Holder's Name:		
Pay by credit card at www.melvillecity.com.au/ Or Email completed form to: melinfo@melville.wa.gov.au Signature:		
Click to attach supporting documents Official Use Only		