



Western Australian Dog Act 1976

# Application For A Certificate Of Registration

### Owners Particulars

( ) Mr ( ) Mrs ( ) Miss ( ) Ms  
Surname: \_\_\_\_\_  
Given: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_  
Owners Date Of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Telephone (H): \_\_\_\_\_  
(W): \_\_\_\_\_  
(M): \_\_\_\_\_  
Email: \_\_\_\_\_

### Dog Particulars

Name Of Dog: \_\_\_\_\_  
Dogs Date Of Birth Or Age: Yrs \_\_\_\_\_ Mths \_\_\_\_  
Sex: ( ) Female ( ) Male  
Colour: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Microchip Number: \_\_\_\_\_  
Premises Kept: \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Fees Payable			
	1 Year	3 Years	Life
Unsterilised	\$50	\$120	\$250
Sterilised	\$20	\$42.50	\$100

**Concession Rates**

- Sterilised dog (on production of a registered veterinary surgeon's certificate or statutory declaration)
- Guide Dog – No Fee
- Dogs owned by pensioners –. Upon production of a Pensioner Concession Card or both a Commonwealth and State Seniors card pensioners may register their dogs for half the prescribed fee

**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 31<sup>st</sup> October each year (as from 1<sup>st</sup> June each year half the normal fee will be applicable to FIRST annual registrations only).
- As from 1 November 2015 State Government Regulations require that all Dogs over 3 months of age are to be Microchipped.

### 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 means exist on the premises at which the dog ordinarily be kept for effectively confining the dog within those premises.

<b>OFFICE USE ONLY</b>
Registration Number: _____

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### METHOD OF PAYMENT

#### CARD TYPE

( ) MASTERCARD ( ) VISA ( ) AMERICAN EXPRESS

(Please tick appropriate box)

CARD No :

CARD EXPIRY DATE: \_\_\_\_ / \_\_\_\_

CARD HOLDERS NAME: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMOUNT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Your signature gives authority for us to debit the full amount shown in the space above.

#### By mail:

City of Melville  
Locked Bag 1  
Booragoon WA 6954

*Cheques and money orders are to be made payable to the 'City of Melville'. Payment can also be made by MasterCard, Visa Card or American Express by completing the attached.*

*Payment can be made in person at the City of Melville Administration Centre*

*Please note a Credit Card surcharge of 0.60% applies to all Credit Card payments*