



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 31st October each year (as from 1st 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.

OFFICE USE ONLY
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