

Application for Certificate of Dog Registration

WA DOG ACT 1976



(Please tick) New Renewal Transfer – Previous Council: _____

Owner Details			
Given Name:		Surname:	
Email:		D.O.B:	
		Can we use this email to issue renewal notices and information? Y N	
Telephone (HOME):	(WORK):	(MOBILE):	
Residential Address:			No. of dogs at this address:
Postal Address: (IF DIFFERENT TO ABOVE)			
Are you currently banned, or have you ever been banned, from owning or keeping a dog under an order, under the <i>Dog Act 1976 section 46A(2)</i> either permanently or for a period specified in the order? Yes No			

Owner's Delegate Details			
Name:			D.O.B:
Telephone (HOME):	(WORK):	(MOBILE):	
Residential Address:			

Dog 1		Dog 2	
Name:		Name:	
Sex:	Sterilised: Y N	Sex:	Sterilised: Y N
Age:	Colour:	Age:	Colour:
Breed:		Breed:	
Microchip Number:		Microchip:	
Address where dogs are normally kept if different to above: _____			

Dog particulars, please tick for each dog if applicable:	Dog 1	Dog 2	Important documents to attach
Is the dog an assistance dog?			<ul style="list-style-type: none"> ✓ Proof of sterilisation must be provided for sterilised dogs (i.e. Sterilisation Certificate or Statutory Declaration) ✓ Owner declaration on page two <i>MUST</i> be completed and signed. ✓ A copy of both sides of a valid Pensioner Concession Card, or a Seniors Card AND a Commonwealth Seniors Healthcare Card <i>MUST</i> be provided to receive pensioner concession.
Is the dog kept for the purpose of the Crown?			
Is the dog kept for the purposes of droving or tending stock?			
Is the dog kept, or to be kept as a commercial security dog?			
Is the dog a Pit Bull Terrier, an American Pit Bull Terrier or a mix of one or both of those breeds?			
Has the dog been declared a dangerous dog?			

Office Use Only			
Receipt Number:		Date:	Signed: _____
Tag Numbers:	1.:	2:	Signature of Registration Officer

City of Kalamunda Registration Certificate			
Owner Name:		Address:	
Dog Name:		Tag Number:	Expiry:
			\$
			\$
			Total \$
Signature of Registration Officer: _____			



Please turn over for payment options

Owner/Agent Declaration – Please complete

Do you have any convictions for offences against the *Cat Act 2011*, *Dog Act 1976* or *Animal Welfare Act 2002* within the past 3 years? **Y*** **N** **(PLEASE TICK)** *If Yes – details must be provided specifying the nature of the offence, date of conviction(s) and legislation involved.

I, the undersigned, make application for the registration of the dog described above and declare that:

- i. I am/ the owner is over eighteen years of age;
- ii. The particulars shown in this application are true and correct to the best of my knowledge and belief;
- iii. I am aware that it is an offence to provide false and misleading information.
- iv. I certify for the purposes of *section 16 (1a), 16 (1ba) & (C) of the Dog Act 1976* that means exist on the premises at which the dog will ordinarily be kept for effectively confining the dog within those premises.

Name: _____
Printed Name of Owner/Agent

Signed: _____
Signature of Owner/Agent

Date: _____

Important Information






- The registration period runs from 1 November to 31 October each year. The expiry date of this registration is shown on your dog's registration certificate, and on your dog's registration tag.
- First time one year registrations received on or after 1 June each year are subject to a 50% concession on the ordinary fees.
- All dogs aged 3 months and over must be microchipped and registered.
- The maximum number of dogs is two (2) per property in the City of Kalamunda. Council approval is required to keep more than the prescribed number.

Payment Details

	Standard Fees Per Dog			Concession Fees Per Dog*		
	1 Year	3 Years	Lifetime	1 Year	3 Years	Lifetime
Sterilised	\$20.00	\$42.50	\$100.00	\$10.00	\$21.25	\$50.00
Unsterilised	\$50.00	\$120.00	\$250.00	\$25.00	\$60.00	\$125.00

*Pensioner Fees are 50% of the Standard Fees Payable. A copy of **BOTH** sides of a valid Pensioner Concession Card or State Concession Card; or a Seniors Card AND a Commonwealth Seniors Health Card **must** be provided to receive the discount.

Payment Methods

	In Person 2 Railway Road, Kalamunda (Cash, Cheque, Money Order, Credit Card or EFTPOS)
	By Mail Post a Cheque or Money Order with the completed Dog Registration Application to: City of Kalamunda, PO BOX 42 KALAMUNDA WA 6926
	Email enquiries@kalamunda.wa.gov.au
	Fax 9293 2715
	Credit Card Payment Only MasterCard or Visa will be accepted (a surcharge of 0.46% is payable on all credit transactions.)
	Phone 9257 9999 for additional information. Please note payment cannot be made until a completed Application form has been received by the City.

Payment by Credit or Debit Card

Cardholders Name: _____	MasterCard	Visa	(TICK)
Card Number: _____			
Expiry Date ___/___	CVC	Amount \$ _____	0.46% SURCHARGE APPLIES
Signature: _____	Date: _____		