Dog Registration

Registration Form

City of Kalamunda

New: ☐ Renewal: ☐ Transfer - Previous Council:

OWNER DETAILS

Given Name: Surname:

Email: D.O.B:

Telephone (home): (Work): (Mobile):

Residential Address:

Suburb: Post Code:

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 Dog Act 1976 section 46A(2)* either permanently or for a period specified in the order? Yes ☐ No ☐

OWNER'S DELEGATE DETAILS (EMERGENCY CONTACT)

Name: D.O.B:

Telephone (home): (Work): (Mobile):

Residential Address:

Dog 1		Dog 2	
Name:		Name:	
Sex:	Sterilised: Yes ☐ No ☐	Sex:	Sterilised: Yes ☐ No ☐
Age:	Colour:	Age:	Colour:
Breed:		Breed:	
Microchip:		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?	☐	☐	✓ Proof of sterilisation must be provided for sterilised dogs (i.e. Sterilisation Certificate or Statutory Declaration completed by owner) ✓ Owner declaration on page two MUST be completed and signed. ✓ A valid Pensioner Concession Card, or Seniors Card AND Commonwealth Seniors Health Care Card must be presented for sighting by an Authorised Officer to receive the 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?	☐	☐	

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Office Use Only				
Receipt Number:		Date:		Signed:
Tag Numbers:	1:	2:	3:	Signature of Registration Officer

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? Yes ☐ No ☐

*If **Yes** – details must be provided specifying the nature of the offence, date of conviction(s) and legislation involved.

I acknowledge that the City of Kalamunda collects my personal information for the purpose of processing this application and administering animal registrations in accordance with relevant legislation. For information about how the City manages your personal information, please refer to the City's Privacy & Responsible Information Sharing page.

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: _____ Signed: _____ Date: _____

Printed Name of Owner/Delegate — Signature of Owner/Delegate

AUTHORISED OFFICER DECLARATION

Relevant concession card sighted by an Authorised Officer.

Name: _____ Signed: _____ 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.

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Payment Details

	Standard Fees Per Dog			Concession Fees Per Dog*		
	1 Year	**3 Year**	**Lifetime**	**1 Year**	**3 Year**	**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 Cat Registration Application to: **City of Kalamunda, PO BOX 42 KALAMUNDA WA 6926**
Email & Fax	**Em** enquiries@kalamunda.wa.gov.au | **Fx** 9293 2715
Credit Card Payment	Only MasterCard of 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
Card Number:			
Expiry Date	CVC	Amount $	0.46% Surcharge applies
Signature:		Date:	