

Application for Dog Registration


308 Stirling Hwy Claremont

DOG ACT 1976
toc@claremont.wa.gov.au
PO Box 54 Claremont WA 6010

Owner Details (One owner only) - Full name in BLOCK LETTERS	
Mr/Mrs/Ms	Surname:
Given name/s:	
Address:	
Suburb:	Postcode:
Date of Birth:	Ph(Home):
Work:	Mobile:
Email Address:	
Alternative Contact Details	
Mr/Mrs/Ms	Name:
Residential Address:	
Date of Birth:	Ph (Hm):
Work:	Mobile:
Email address:	

Dog Details	
Name of Dog:	
Colour:	
Breed:	
Microchip no:*	
*Proof required	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Sterilised:	<input type="checkbox"/> Yes* <input type="checkbox"/> No
*Proof required	
Age / Date of birth:	
Address where the dog will primarily be kept:	
Is the dog kept as a commercial security dog	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the dog been declared a Dangerous dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	

Number of Dogs to be located at these premises?
Are you subject to any orders regarding being banned from owning or keeping a dog? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, provide details
Do you have any convictions for offences against the Cat Act 2011, Dog Act 1976 or Animal Welfare Act 2002 in the past 3 years? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, specify date and nature of offence and legislation involved:
DECLARATION TO BE COMPLETED:
The Town of Claremont may refuse an application if any or all of the required information is not provided within the time period specified in the legislation. I am not, or the Owner is not, under 18 years of age.
I, _____ of _____ declare (Print Full Name) (Address)
The information I have provided is true and correct. I am aware that it is an offence to provide false information.
Signature: _____ Date: _____

CERTIFICATE OF DOG REGISTRATION	
DOG ACT 1976 S16 (6) (A)	
	
This is to certify that:	
Name of Dog:	Age: M/F:
Breed:	Colour: Sterilised:
Has been registered to:	
Owner:	Address:
By the Town of Claremont	This registration expires on:
Animal number: <input type="text"/> Tag number: <input type="text"/> Receipt number: <input type="text"/> Amount: \$ <input type="text"/> Registration: <input type="checkbox"/> 1yr <input type="checkbox"/> 3yrs <input type="checkbox"/> Life Officer sign: <input type="text"/> Date: <input type="text"/>	

Fees Payable

Animal Registrations expire on 31 October each year (as from 1 June each year, half the normal fee will be applicable to FIRST annual registrations only).

Pensioner concessions can only be applied on production of current Pensioner Concession Card.

	Full			Pension Concession			Sterilised fees will apply upon production of either: <ul style="list-style-type: none"> Veterinary Surgeon's Certificate; Signed Statutory Declaration; or Officer sighting ear tattoo at this office Proof of microchip exemption from a veterinarian must be provided.
	1yr	3yrs	Lifetime	1yr	3yrs	Lifetime	
Unsterilised	\$50.00	\$120.00	\$250.00	\$25.00	\$60.00	\$125.00	
Sterilised	\$20.00	\$42.50	\$100.00	\$10.00	\$21.25	\$ 50.00	

METHODS OF PAYMENT:

In Person:

Present this notice INTACT to the counter at the
Town of Claremont Administration Office
Claremont One
308 Stirling Hwy
Claremont WA 6010

By Mail:

Send this notice INTACT together with your cheque or money order to:
Town of Claremont
PO Box 54
Claremont WA 6010

Credit Card Authorisation

This section is to be completed by the card holder or designated officer of the Town if received over the phone.

I hereby authorise the Town of Claremont to debit the credit card identified below for the amount of \$ _____ (total amount due).

Personal Details

Mr/Mrs/Miss/Ms Surname: _____ **Given name/s:** _____

Address: _____

Billing Address (if different from above): _____

Phone: _____

Cardholders Signature: _____

Credit Card Information

Credit Card number:

-

 -

 -

Expiry date:

/

Security number:

Credit Card type:

Visa Mastercard

Name on Card: _____

Signature: _____

Office Use Only

Received by: _____

Tag Number: _____ Animal ID Number: _____

Registering Officer: _____ Signature: _____ Date: _____

YOU MUST INFORM THE TOWN OF CLAREMONT OF ANY CHANGES IN OWNERSHIP, DEATH OF A DOG/CAT OR ANY CHANGE OF ADDRESS

DOG OWNERS RESPONSIBILITIES

- Dogs aged 3 months and over must be registered and microchipped.
- Ensure your property is adequately secured. Keep the dog generally quiet.
- Your dog must wear a collar displaying owners name, address and registration tag.
- Clean up after your pet in public places.
- Don't let your dog wander without proper control