



PO Box 61
Northampton WA 6535
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Western Australian Dog Act 1976

APPLICATION FOR CERTIFICATE OF REGISTRATION

NAME OF OWNER:.....

POSTAL ADDRESS.....

I, the owner/authorized agent for the owner of the dog, particulars of which are listed in this application declare that:

- i) I/the owner am/is not under eighteen (18) years of age; and
- ii) the particulars shown in this application are true to the best of my knowledge and belief

and I certify, for the purposes of Section 16(1a) of the Act, that means exist on the premises at which the dog will be ordinarily kept for effectively confining the dog within those premises.

ADDRESS WHERE DOG WILL ORDINARILY BE KEPT: _____

PHONE NUMBER: _____

NAME OF DOG: _____ SEX: M/F

BREED OF DOG: _____ AGE: _____ Years _____ Months

COLOUR/DISTINGUISING MARKS: _____

CONCESSION CLAIMED: _____
(eg. Pensioner owner, sterilized dog, stock dog)

TAG NUMBER: _____ MICROCHIP NUMBER _____

Dated the _____ day of _____ 20 _____

(to be signed by the owner/authorised agent)

FOR OFFICE USE ONLY

This registration is valid until _____
Unless cancelled pursuant to section 16 of the Act.

Date of Issue _____

Signature of Registration Officer _____