



PET CAT REGISTRATION APPLICATION



Mail this form to:

The Registrar

CATSWA (INC)

GPO Box 915, CANNINGTON WA 6107



For further enquiries please call:

T: 0433 807 964

E: Catswa01@gmail.com

CAT'S STATUS: (Please tick applicable box)

DE-SEXED:

NEW OWNER/S DETAILS & DECLARATION

APPLICATION FEE: \$10.00

PLEASE USE BLOCK LETTERS:

SURNAME/S:

ADDRESS:

SUBURB: STATE

POSTCODE: MEMB NO/S

FIRST NAME/S:

TELEPHONE:

MOBILE:

EMAIL:

1. DECLARATION

- a) I/We acknowledge that the cat mentioned below is to be registered with the CatsWA (Inc)

DE-SEXED:

- b) I/We certify that to the best of my/our knowledge, the particulars of the cat mentioned below are correct **and**
- c) I/We agree to be bound by the Constitution, Rules, Regulations and Code of Ethics of CatsWA (Feline Control Council of Western Australia (Inc)).

Signed: _____

Signed: _____

Date: _____

Date: _____

CAT TO BE REGISTERED WITH CatsWA

NAME OF CAT : _____ DATE OF BIRTH: _____

LONG HAIRD SHORT HAIRD COLOUR/PATTERN: _____

REG. NO: _____ OWNER: _____ SEX: N S

SIRE: _____ REG. NO: _____

DAM: _____ REG. NO: _____

PAYMENT METHOD

CASH CHEQUE MONEY ORDER Payable to the: **CatsWA**

DIRECT DEPOSIT **You must use your first initial and Surname as the description for the deposit.**

(We will not be able to track payments without a description)

BSB: **036-224** Acct No: **298699** Acct Name: **CatsWA** Bank: **Westpac**

AMOUNT PAID: _____ RECEIPT NO: _____ REGISTRAR: _____ DATE : _____

