

# CatsWA

Feline Control Council of WA (inc)  
MEMBER BODY OF AUSTRALIAN CAT FEDERATION (INC).



## TERMINATION OF LEASE RECORD



A signed copy of this form must be posted or emailed to:

**CatsWA**  
GPO Box 915, CANNINGTON WA 6107



Tel: 0433 807 964  
Email: catswa01@gmail.com

### LESSOR (OWNER) DETAILS

### LESSEE DETAILS

PLEASE USE BLOCK LETTERS:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SUBURB: \_\_\_\_\_ PC: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SUBURB: \_\_\_\_\_ PC: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### DECLARATION BY LESSOR AND LESSEE

#### 1. DECLARATION

We hereby authorise the cancellation of the Lease Number \_\_\_\_\_ in the Register of CatsWA.

Registered Name of Cat: \_\_\_\_\_ Registration No.: \_\_\_\_\_

Breed: \_\_\_\_\_ : Date of Birth: \_\_\_\_\_ Microchip No.: \_\_\_\_\_

Which Lease bears the following dates:

From: \_\_\_\_\_ To: \_\_\_\_\_

Termination Date is now amended to commence from: \_\_\_\_\_

Signed Lessor: \_\_\_\_\_ Signed Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### CONDITIONS

1. This form is to be lodged in CatsWA office together with the Cat's Certificate of Registration when both the Lessor and the Lessee agree to terminate the lease of the cat prior to the expiration date of the lease.

### REGISTERED CAT DETAILS

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_

Registration No: \_\_\_\_\_ Microchip No: \_\_\_\_\_ Breed: \_\_\_\_\_

### OFFICE USE ONLY

Date Received: \_\_\_\_\_ Lease No: \_\_\_\_\_ Signed: \_\_\_\_\_

**FREE NO FEES APPLY**

