Application to Breed Cats



The Town of East Fremantle may refuse this application if any or all of the required information is not provided within 21 days of lodging the

application. Sect 37(3) Cat Act 2011. NOTE: A fee of \$100.00 applies per breeding cat.

APPLICANT DETAILS (must be over 18)

Cat Owners Full Nar	ne:		DOB:			l e	
Residential Address			-				
			Postcode:				
Phone:			Mobile:				
Email:		l					
ALTERNATIVE CONT	TACT (must be over 1	18)					
Full Name:			DOB:				
Residential Address:							
			Postcode:				
Phone:			Mobile:				
Email:							
CAT DETAILS							
Address where cat will normally be kept (if different from above):							
			Postcode:				
CATS NAME	DOB	BREED	COLOUR	M/F	MICROCHIP NU	JMBER	
ATTACHMENTS REQUIRED							
1. Detailed description of breeding arrangements and management of breeding cats and kittens							
(please also cover disposal of waste, noise control and frequency of customer's attendances)							
2. Site plan (to scale) detailing where cats will be kept on property showing proximity to all							
structures 2. Details of any analysis of any a							
3. Details of any enclosures (must comply with the minimum breeding and housing standards) MEMBERSHIP OF PERSCRIBED ORGANISATION (copy of current membership must be attached)							
	ERSCRIBED ORGANI		it membership must be atti		<u> </u>		
COAWA	TION	FCCWA		ANCAT:	<u> </u>		
PREVIOUS CONVICTION Do you have any convictions for offences against this Act, Dog Act 1975 or Animal Welfare 2002 in the past 3							
years?							
Yes							
If yes, please give details, specifying the date of the conviction(s), nature of the offence and the legislation							
involved:							
DECLARATION							
I (person's full name	or organisation/co	mpany name)					
Of			Postcode:				
Declare that the information I have provided is true and correct. I am aware that it is an offence to provide							
false or misleading information.							
Signature:				Date:	Date:		
CREDIT CARD AUTH	ORISATION (please	provide your card deta	ails below for payment)				
Name on Credit Car			Visa	Master	card AM	EX	
Credit Card Number	:		Expiry Date:		/		
Cardholder's Signati	ure:						
OFFICE USE ONLY							
Received by:							
Authorised by:			Signature:				
,							
Date:			Receipt Number (\$100 fe	ee):			