

Alternative contact details (optional)

Name.....

Residential address

.....

Age (dd/mm/yy)/...../..... (Must be 18 years or older)

Contact telephone number (H)..... (W)..... (M).....

PART D - APPLICATION FOR APPROVED BREEDER

Approved breeder? **Yes / No**

Breed of cats to be bred

Number of breeding cats to be kept at the property

Description of facilities

Membership of prescribed organisation

PART E - PREVIOUS CONVICTIONS

Do you have any convictions for offences against this Act, *Dog Act 1976* or *Animal Welfare Act 2002* in past 3 years? **Yes / No**. If yes, please give details, specifying the date of the conviction(s), nature of the offence and the legislation involved

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PART F - DECLARATION

The local government may refuse an application if the required information is not provided.

I, of
(Name) (Address)

declare that the information I have provided is true and correct. I am aware that it is an offence to provide false and misleading information.

Signature.....Date.....

PAYMENT OPTIONS

In Person:

Payment may be made in person at the Town of Cambridge Administration Centre, 1 Bold Park Drive, Floreat. Office hours: 8.00am to 5.00pm Monday to Friday.

By Mail:

Chief Executive Officer
Town of Cambridge
PO Box 15
FLOREAT WA 6014

Cheques and money orders made payable to "Town of Cambridge".

Please note, online payments cannot be accepted at this time.

PART H - LOCAL GOVERNMENT USE ONLY

Registration Approved

Registration Officer Signature

Approved Breeder

Date of Issue