

(Feline Control Council of Western Australia (Inc))



RE-REGISTRATION APPLICATION

Mail this form to: CatsWA GPO Box 915, CANNINGTON WA 6107				Enquiries please call: Tel: 0433 807 964 Email: catswa01@gmail.com	
CAT TO BE RE-REGISTERED WITH THE CATSWA Fee WA \$10, Interstate \$25, International \$50					
CAT'S STATUS: (Please tick applicable box)		box) El	NTIRE:	DE-SEXED:	
NAME OF CAT :			DATE OF BIRTH:		
BREED: COLOU			OUR/PATTERN:	R/PATTERN:	
MICROCHIP NUMBER:					
REG. NO:	BREE	EDER:		SEX: M _ F _ N _ S _	
SIRE:	SIRE:		RE0	REG. NO:	
DAM:Please Note:			REG. NO:		
 registered along with the original Certificate of Registration and Ownership The Certified Pedigree must detail at least four (4) generations of ancestry and at least two generations of registration numbers behind the actual cat's name and The initials of the State where the cat was initially registered must be shown after the cat's name as well as the cat's original registration number. 					
NEW OWNER/S DETAILS & DECLARATION					
PLEASE USE BLOCK LETTERS:					
NAME/S:					
ADDRESS:	100	OT 00DE		1	
STATE:		ST CODE: //B NO/S	EMAIL: MOBILE:		
1. DECLARATION (Please Note: If cat is De-Sexed, Clause (b) does not apply) a) I/We acknowledge that the cat mentioned below is to be re-registered with the Feline Control Council of WA (Inc) as an ENTIRE: or as a DE-SEXED:					
b)					

PAYMENT METHOD

Western Australia (Inc).
Signed:

c)

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)

I/We certify that to the best of my/our knowledge, the particulars of the cat mentioned below are correct and

I/We agree to be bound by the Constitution, Rules, Regulations and Code of Ethics of the Feline Control Council of

Signed:_____

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

AMOUNT PAID:______ RECEIPT NO:______ REGISTRAR:______DATE :_____