

TRIM Reference: _____



APPLICATION TO KEEP MORE THAN THE PRESCRIBED NUMBER OF CATS

Application for Exemption to keep more than the Number of Prescribed Cats on a property pursuant to Section 2.3 of the City of Greater Geraldton’s *Cats Local Law 2020 (as amended)*.

APPLICANT DETAILS

Full Name: _____

Residential Address: _____

Postal Address: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

Make the following application to have more than three (3) cats registered at the above-mentioned address as per the requirements of the City of Greater Geraldton’s *Cat Local Law 2020 (as amended)*.

Non-Refundable Application Fee [Fees and Charges](#) Date Paid: _____

Account Number: **05207503** Receipt Number: _____

CAT DETAILS

CAT 1	Cat’s Name: _____	Registration No: _____	Microchip No: _____
	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Sterilised: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Breed of Cat: _____	Colour: _____	
CAT 2	Cat’s Name: _____	Registration No: _____	Microchip No: _____
	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Sterilised: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Breed of Cat: _____	Colour: _____	
CAT 3	Cat’s Name: _____	Registration No: _____	Microchip No: _____
	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Sterilised: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Breed of Cat: _____	Colour: _____	

CAT DETAILS *continued...*

CAT 4	Cat's Name:	_____		
	Registration No:	_____	Microchip No:	_____
	Gender:	<input type="checkbox"/> F <input type="checkbox"/> M	Sterilised:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Breed of Cat:	_____	Colour:	_____
CAT 5	Cat's Name:	_____		
	Registration No:	_____	Microchip No:	_____
	Gender:	<input type="checkbox"/> F <input type="checkbox"/> M	Sterilised:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Breed of Cat:	_____	Colour:	_____
CAT 6	Cat's Name:	_____		
	Registration No:	_____	Microchip No:	_____
	Gender:	<input type="checkbox"/> F <input type="checkbox"/> M	Sterilised:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Breed of Cat:	_____	Colour:	_____
CAT 7	Cat's Name:	_____		
	Registration No:	_____	Microchip No:	_____
	Gender:	<input type="checkbox"/> F <input type="checkbox"/> M	Sterilised:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Breed of Cat:	_____	Colour:	_____
CAT 8	Cat's Name:	_____		
	Registration No:	_____	Microchip No:	_____
	Gender:	<input type="checkbox"/> F <input type="checkbox"/> M	Sterilised:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Breed of Cat:	_____	Colour:	_____
CAT 9	Cat's Name:	_____		
	Registration No:	_____	Microchip No:	_____
	Gender:	<input type="checkbox"/> F <input type="checkbox"/> M	Sterilised:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Breed of Cat:	_____	Colour:	_____

GENERAL INFORMATION

Why do you consider you need more than three (3) cats?

GENERAL INFORMATION *continued...*

How did you happen to obtain more than three (3) cats?

Have you had any complaints or are you in dispute with any of your neighbours regarding your cats? If so, please provide details.

Are you a member of a Cat Organisation or Association? Yes No

If YES, name of organisation/association: _____

Are you running a Cat breeding program? Yes No

ADJOINING NEIGHBOURS DETAILS

Please supply adjoining neighbour details, including house numbers and street addresses. If you do have a neighbour on a particular side, please explain – e.g. vacant lot, park, etc.

Neighbour on my left of my property:

Neighbour on my right of my property:

Neighbour at the rear of my property:

CONVICTIONS

Have you, or anyone else who is responsible for the cats, ever been issued an infringement or been convicted in any court for a breach of the *Cat Act 2011* or the *Animal Welfare Act 2002*? If so, please provide details.

ADDITIONAL DOCUMENTATION

You will be required to attach proof of Sterilisation/Microchip Certificates and/or Vet Exemptions for all cats, when submitting this application.

Have you attached the required Additional Documentation? Y N

Completion of this application does not constitute automatic approval of your application. This application will be assessed and reviewed, which may include an inspection of your premises to assist with the final outcome.

Signature: _____ Date: _____

OFFICE USE

Comments/Notes:

Approved: Yes No

Signature: _____ Date: _____