

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 (\$109.00)**

Date Paid: \_\_\_\_\_

Account Number: 05207503

Receipt Number: \_\_\_\_\_

### CAT DETAILS

<b>CAT 1</b>	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: _____	
<b>CAT 2</b>	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: _____	
<b>CAT 3</b>	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...*

<b>CAT 4</b>	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:	_____
<b>CAT 5</b>	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:	_____
<b>CAT 6</b>	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:

Address: \_\_\_\_\_

Neighbour on my right of my property:

Address: \_\_\_\_\_

Neighbour at the rear of my property:

Address: \_\_\_\_\_

### **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*?

YES  NO

If yes, 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?  YES  NO

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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: \_\_\_\_\_

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