

Shire of Esperance

Transfer of Cat or Dog Ownership



PART 1 - PREVIOUS OWNER DETAILS (PLEASE PRINT IN BLOCK LETTERS)

TITLE	GIVEN NAME	SURNAME		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
RESIDENTIAL ADDRESS		POSTAL ADDRESS (if different from Residential Address)		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
DATE OF BIRTH	MOBILE PHONE	HOME PHONE	WORK PHONE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
CONCESSION NUMBER	EMAIL ADDRESS			
<input type="text"/>	<input type="text"/>			

Can the Shire of Esperance use this email address to issue renewal notices and other relevant information?
Yes No (please tick applicable)

PART 2 - CAT OR DOG DETAILS (PLEASE PRINT IN BLOCK LETTERS)

ADDRESS WHERE CAT OR DOG IS NORMALLY KEPT		ADDRESS WHERE ANIMAL (if different from Residential Address)	
<input type="text"/>		<input type="text"/>	
NUMBER OF CATS OR DOGS TO BE LOCATED AT THESE PREMISES		WILL THE CAT or DOG/s BE EFFECTIVELY CONFINED IN OR AT THE PREMISES IDENTIFIED ABOVE?	
<input type="text"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO - Tick appropriate Box	
CAT OR DOG'S NAME	BREED (if known)	AGE (YY / MM)	GENDER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COLOUR	ANY DISTINGUISHING FEATURES OR MARKS	MICROCHIP NUMBER	MICROCHIP DATABASE COMPANY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IS THE CAT OR DOG STERILISED	IS THE DOG KEPT, OR TO BE KEPT, AS A COMMERCIAL SECURITY DOG?	HAS THE DOG BEEN DECLARED A DANGEROUS DOG?	
<input type="checkbox"/> YES <input type="checkbox"/> NO - Tick appropriate Box	<input type="checkbox"/> YES <input type="checkbox"/> NO - Tick appropriate Box	<input type="checkbox"/> YES <input type="checkbox"/> NO - Tick appropriate Box	
IS THE DOG A PIT BULL TERRIER, AN AMERICAN PIT BULL OR A RESTRICTED BREED OR A MIX OF ANY OF THESE	IS THE DOG KEPT FOR THE PURPOSES OF THE CROWN?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN - (Delete two)	<input type="checkbox"/> YES <input type="checkbox"/> NO - (Delete one)		
(If yes, note that the Dog Act 1976 does not apply: section 6(4).)			

PART 3 - NEW OWNER DETAILS (PLEASE PRINT IN BLOCK LETTERS)

TITLE	GIVEN NAME	SURNAME		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
RESIDENTIAL ADDRESS		PREMISES WHERE CAT/DOG WILL BE KEPT (if different from Residential Address)		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
CONCESSION	HOME PHONE	MOBILE PHONE	WORK PHONE	
<input type="checkbox"/> YES <input type="checkbox"/> NO - Tick appropriate Box	<input type="text"/>	<input type="text"/>	<input type="text"/>	

I declare that I am/the owner is not under eighteen (18) years of age; and the particulars shown in this application are true to the best of my knowledge and belief.

PART 4 - DECLARATION FROM PREVIOUS AND NEW OWNER

I declare that I am transferring ownership of the above mentioned Dog/Cat

I declare that I am receiving ownership of the above mentioned Dog/Cat

PREVIOUS OWNERS SIGNATURE

NEW OWNERS SIGNATURE