## APPLICATION FOR A CERTIFICATE TO BE AN APPROVED CAT BREEDER

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Surname								DOB			
Given Names									_		
Postal Address											
Suburb						Post Code					
Telephone (H	)			(W)				(M)			
Fax			Email								
Apply for a certificate to be an approved Cat Breeder at											
Address of prem	ises										
Suburb				Post 0	Code						
Are you a member of a prescribed organisation? (Please provide proof of membership)											
□ Cat Owners A	'A		□ Australian National Cats								
□ Feline Control				□ Cats United WA							
□ Not a membe	r										
For number of ca	its		Breed of cat/s								
Description of fac	cilities										
Do you have any convictions for offences against the Cat Act 2011, Dog Act 1976 or Animal Welfare											
Act 2002 in the past 3 years?			□ Yes	□ No	0	If yes, please give details of the conviction/s:					
APPROVED CAT BREEDERS ARE NOT EXEMPT FROM CAT REGISTRATION AND ARE REQUIRED TO REGISTER EACH BREEDING CAT (MALE OF FEMALE). Please complete and attach cat registration form with this application.  The City of Gosnells may refuse this application if the following apply:  (a) The applicant is under 18 years of age  (b) The applicant has no, or insufficient, facilities to breed cats in a safe and ethical way  (c) The applicant has no, or unsuitable, premises where cats can be bred in a safe and ethical way  (d) The applicant has been convicted within the previous 3 years of any offence against:  (i) the Cat Act 2011  (ii) the Dog Act 1976 or  (iii) the Animal Welfare Act 2002  (e) The applicant is not a fit and proper person to breed cats  (f) Such other circumstances, if any, as are prescribed.  Signature of applicant  Note: A certificate if issued will have effect for a period of 12 months – section 37(6) of the Cat Act 2011 and incurs an annual fee of \$100.00 for one breeding cat or \$210 for two or more breeding cats.											
Fee for application for approval to breed cats \$100.00 One breeding cat											
. 30 101 аррио						210.00			eding cats		

OFFICE USE ONLY										
ID NUMBER	DATE	RECEIPT	AMOUNT PAID	CASHIERS ID						