Application for Approval to Breed Cats



Shire of Donnybrook Balingup Cat Act 2011, Cat Regulations 2012 (July 2025)

OWNER DETAILS

Full Name:					
Date of Birth (DD/	/MM/YYYY):		Must be ag	red 18 yea	ars or older.
Residential					
Address:	Suburb:		Postcode:		
				🗆 Same	as above
Postal Address:	Suburb:		Postcode:		
Contact Phone:	(H)	(M)	(W)		
Contact Email:					(optional)
	-	Shire Administration Office to con notices and other relevant inforn	1	is email a	ddress for
□ Yes, all contact	is allowed	\Box Yes, but only for notices	🗌 No, pape	er notices,	/post only
ALTERNATIVE CO	NTACT DETAI	LS An alternative contact is c	ptional, but is	very help	ful to have.
Full Name:					□ N/A
Residential					
Address:	Suburb:		Postcode:		
Postal Address:				🗆 Same	as above
Postal Address.	Suburb:		Postcode:		
Date of Birth (DD/	/MM/YYYY):		Must be ag	red 18 yea	nrs or older.
Contact Phone:	(H)	(M)	(W)		
CAT DETAILS					
Is the owner an ap	pproved breed	der?		🗆 Yes	🗆 No
Is the custodian a member of a prescribed exempt organisation?					🗆 No
lf yes, please prov	ide the details	of the exempt organisation in th	e space below		

Address where				□ Same as owner
cats are kept:	Suburb:		Postcode:	
Total number of c	ats to be located here:	Male:		Female:

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DETAILS OF CAT #1		Cat	Details (cont.)
Cat Name:		🗆 Male	🗆 Female
Date of Birth (DD/MM/YYYY):	Age:	years	months
Microchip Number:	Sterilised?	□ Yes	🗆 No
If not sterilised, is the exemption granted by a veterinarian	?	□ Yes	🗆 No
If yes, please provide the details of the exemption, including	g the details oj	f the issuing	veterinarian:
Breed:			🗆 Unknown
Colour:			
Please provide a description of any distinguishing features of	or marks on th	nis cat in the	space below.
Registration Application or Renewal Period: \Box 1 ye	ar 🗌 3	years	🗆 Lifetime
Please note that there is a prescribed fee for each option ar	1	ipon submiss	sion. If not
completed in person, the Shire will contact you for the requ DETAILS OF CAT #2	irea payment.	Cat	Details (cont.)
Cat Name:			Female
Date of Birth (DD/MM/YYYY):	Age:	years	months
Microchip Number:	Sterilised?	☐ Yes	
If not sterilised, is the exemption granted by a veterinarian			
If yes, please provide the details of the exemption, including			
		the issuing	
Breed:			🗆 Unknown
Colour:			
Please provide a description of any distinguishing features of	or marks on th	nis cat in the s	space below.
Registration Application or Renewal Period: \Box 1 ye	ar 🗌 3	years	□ Lifetime
Please note that there is a prescribed fee for each option ar	1	·	sion. If not
completed in person, the Shire will contact you for the requ	· · · ·		

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DETAILS OF CAT #3		Cat	Details (cont.)
Cat Name:		🗆 Male	🗆 Female
Date of Birth (DD/MM/YYYY):	Age:	years	months
Microchip Number:	Sterilised?	🗆 Yes	🗆 No
If not sterilised, is the exemption granted by a veterinarian	?	🗆 Yes	🗆 No
If yes, please provide the details of the exemption, including	the details oj	f the issuing	veterinarian:
Breed:			🗆 Unknown
Colour:			
Please provide a description of any distinguishing features of	or marks on th	is cat in the	space below.
Registration Application or Renewal Period:	ar 🗌 3	years	🗆 Lifetime
Please note that there is a prescribed fee for each option an completed in person, the Shire will contact you for the requi	1	ipon submiss	sion. If not
DETAILS OF CAT #4	reu puyment.	Cat	Details (cont.)
Cat Name:		🗆 Male	Female
Date of Birth (DD/MM/YYYY):	Age:	years	months
Microchip Number:	Sterilised?	□ Yes	□ No
If not sterilised, is the exemption granted by a veterinarian		□ Yes	
If yes, please provide the details of the exemption, including			
Breed:			🗆 Unknown
Colour:			
Please provide a description of any distinguishing features of	or marks on th	is cat in the	space below.
Registration Application or Renewal Period:	ar 3	years	🗆 Lifetime
Please note that there is a prescribed fee for each option an	1		sion. If not
completed in person, the Shire will contact you for the requi	rea payment.		

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DETAILS OF CAT #5			Са	t Details (cont.)
Cat Name:			🗆 Male	Female
Date of Birth (DD/MM/YYYY):		Age:	years	months
Microchip Number:		Sterilised?	🗆 Yes	🗆 No
If not sterilised, is the exemption granted by a veterinari	an?)	🗆 Yes	🗆 No
If yes, please provide the details of the exemption, includ	ng	the details of	f the issuing	veterinarian:
Breed:				🗆 Unknown
Colour:				
Please provide a description of any distinguishing feature	s o	r marks on th	is cat in the	space below.
Registration Application or Renewal Period:			years	🗆 Lifetime
Please note that there is a prescribed fee for each option completed in person, the Shire will contact you for the re			ipon submis	sion. If not
DETAILS OF CAT #6	Jun	reu puyment.	Ca	t Details (cont.)
Cat Name:			🗆 Male	□ Female
Date of Birth (DD/MM/YYYY):		Age:	years	months
Microchip Number:		Sterilised?	□ Yes	🗆 No
If not sterilised, is the exemption granted by a veterinari	an?)	🗆 Yes	🗆 No
If yes, please provide the details of the exemption, includ	ing	the details of	f the issuing	veterinarian:
Breed:				🗆 Unknown
Colour:				
Please provide a description of any distinguishing feature	s o	r marks on th	is cat in the	space below.
Registration Application or Renewal Period:	yea	nr 🗌 3	years	🗆 Lifetime
Please note that there is a prescribed fee for each option			ipon submis	sion. If not
completed in person, the Shire will contact you for the re	JUII	rea payment.		

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DETAILS OF CAT #7		Cat	Details (cont.)
Cat Name:		🗌 Male	Female
Date of Birth (DD/MM/YYYY):	Age:	years	months
Microchip Number:	Sterilised?	🗆 Yes	🗆 No
If not sterilised, is the exemption granted by a veterinariar	1?	🗆 Yes	🗆 No
If yes, please provide the details of the exemption, includin	g the details o	f the issuing	veterinarian:
Breed:			🗆 Unknown
Colour:			
Please provide a description of any distinguishing features	or marks on th	nis cat in the	space below.
Registration Application or Renewal Period:		years	🗆 Lifetime
Please note that there is a prescribed fee for each option a completed in person, the Shire will contact you for the requ			sion. If not
DETAILS OF CAT #8	ineu puyment.		Details (cont.)
Cat Name:		🗆 Male	□ Female
Date of Birth (DD/MM/YYYY):	Age:	years	months
Microchip Number:	Sterilised?	□ Yes	🗆 No
If not sterilised, is the exemption granted by a veterinariar	ı?	🗆 Yes	🗆 No
If yes, please provide the details of the exemption, includin	g the details o	f the issuing	veterinarian:
Breed:			🗆 Unknown
Colour:			
Please provide a description of any distinguishing features	or marks on th	nis cat in the	space below.
Registration Application or Renewal Period: \Box 1 ye	ear 🗌 3	years	🗆 Lifetime
Please note that there is a prescribed fee for each option a completed in person, the Shire will contact you for the requ			sion. If not
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DETAILS OF CAT #9		Cat	Details (cont.)
Cat Name:		🗆 Male	🗆 Female
Date of Birth (DD/MM/YYYY):	Age:	years	months
Microchip Number:	Sterilised?	🗆 Yes	🗆 No
If not sterilised, is the exemption granted by a veterinariar	15	🗆 Yes	🗆 No
If yes, please provide the details of the exemption, including	g the details o	f the issuing	veterinarian:
Breed:			🗆 Unknown
Colour:			
Please provide a description of any distinguishing features	or marks on th	nis cat in the	space below.
Registration Application or Renewal Period: \Box 1 ye	ear 🗌 3	years	🗆 Lifetime
Please note that there is a prescribed fee for each option a completed in person, the Shire will contact you for the requ			sion. If not
APPLICATION FOR APPROVED BREEDER			
Breed of cats to be bred:			

Number of breeding cats to be kept at the property:

Please provide a description of the facilities where the breeding cats are kept in the space below.

Male:

Are you a member of a prescribed organisation?	🗆 Yes	🗆 No
If yes, please provide details of your membership of prescribed organis	sation in the spac	ce below.

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Female:



PREVIOUS CONVICTIONS

Do you have any convictions for offences against the following acts in the past three (3) years?

Cat Act 2011		Dog Act 1976		Animal Welfare Act 2002	
□ Yes	🗆 No	🗆 Yes	🗆 No	🗆 Yes	🗆 No

If you answered yes to any of the above please provide details in the space below, ensuring you have specified the date of the conviction(s), nature of the offence(s) and the legislation involved.

DECLARATION & SUBMISSION

By signing below, you declare that you have read, understood and acknowledged the following:

- The Shire of Donnybrook Balingup may refuse an application if any or all of the required information is not provided within the time period specified in the legislation.
- All cats over the age of six (6) months must be microchipped and registered, which also applies to the cats listed in your application form. Additionally, you understand and confirm that any cat listed that is under 6 months old will be microchipped and registered once old enough.
- Any prescribed fees are payable upon submission if not completed in person, you understand that the a Shire staff member will contact you for payment.

l,	
	(full name of applicant or organisation/company name)
of	

(full address of the applicant named above, including suburb & postcode)

1 Bentley Street, Donnybrook, 6239

declare that the information provided in this application is true and correct, and I am also aware that it is an offence to provide false and misleading information.

Signature:	Date:				
LOCAL GOVERNMENT USE ONLY					
Date Received:	Received By	:			
Registration Approved?	🗆 No	Approved Breeder?	□ Yes	🗆 No	
Assigned Registration Number:					
Record & References (conditions of appl	roval, etc.):				
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