

Document Name: Registration Form - Dog Cat

Owner: Communities

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Next Review Due:

Dog/Cat Registration Form

Applicant Details Pull name Date of Birth Residential address Suburb Suburb State Postcode Postal address Suburb Suburb State Postcode Alternative Contact (compulsory) Alternative Contact (compulsory)	e emailed
Date of Birth Residential address Suburb Postal address Suburb State Postcode Postcode Telephone Email Alternative Contact Name:	e emailed
Alternative Contact Address Suburb Suburb State Postcode Suburb State Postcode Alternative Contact Name:	e emailed
Suburb State Postcode	e emailed
Suburb State Postcode Telephone Email All Correspondence to b Alternative Contact Name:	e emailed
Telephone Email Alternative Contact Name:	e emailed
Email All Correspondence to b Alternative Contact Name:	e emailed
Alternative Contact Name: All Correspondence to be a second contact of the second conta	e emailed
Contact Name:	
Phone: Mobile: Work: Address As above Details if different:	
(at which the	
animal is Different (please state)	
Details of Name	
Animal Registration Type Cat Dog Other	
Breed	
Year of Birth/Age Month Year /Age	
Sex Male Female	
Desexed No Yes (copy of veterinarian certificate required)	
Colour/s	
Any other distinguishing	
features or marks	
Permanent Permanent Identification Number (PID) / Microchip	
Number (PID) /	
Microchip	
Animal Owner Signature Date Date	
OFFICE USE ONLY	
Receipt of Form Signature: Date: Tag No.:	

Doc No: FRM-015

Authorised By: Superintendent