Logo, company name

Description automatically generatedCat Trapping Declaration

The cat trap **MUST** only be set during curfew hours between the hours of 8.30pm through to 7.00am daylight- saving time or 6pm to 7am during non-daylight-saving time. The trap may not be set Friday or Saturday nights as Council does not receive trapped cats over the weekend.

It is an offence to trap a domestic (non-feral) cat outside of the curfew hours. If you believe the cat you wish to trap is a feral cat you must receive permission from a Council Community Safety officer to set the trap during daylight hours.

You **MUST** complete this form prior to Council receiving the animal. Failure to do so will result in forfeiture of any cat trap hire deposit and release of the animal by Council.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Resident Details |  |  | |  |
| **Given Name** | **Middle Name** | | **Family Name** |
| **Residential Address** | | | |
|  |  | |  |
| **Number & Street** | **Suburb** | | **Postcode** |
| **Telephone No.** | | **Mobile No.** | |
| **Email:** | | **Date of Birth:** | |

Details of Animal

|  |  |
| --- | --- |
| **Animal colour** |  |
| **Long or short hair** |  |
| **Collar (yes/no)** |  |
| **Collar Colour** |  |
| **Animal tag (yes/no)** |  |
| **Animal tag colour** |  |

**STATEMENT**

I on the

**First Name Surname Day Month Year**

did trap a cat in a cat trap, being the cat detailed in the above section ‘details of animal’. I set the cat trap between the hours of **PM** and **AM**.

I confirm that I did not set the cat trap during the non-cat curfew hours as set out at the top of this statement.

***I hereby acknowledge that this statement is true and correct, and I make it in the belief that a person making a false statement in the circumstances shall be liable to the penalties of perjury.***

|  |  |  |
| --- | --- | --- |
|  |  |  |
| ***Signature of Person Making Statement*** | ***Date:*** | ***Time:*** |
| **Statement taken and signature witnessed by me at am/pm on**  **The day of 202 , at (address)** | | |
|  |  | |
| ***Signature of Authorised Officer*** | ***Printed Name*** | |

*Being a person who is authorised to witness a statement pursuant to Schedule 3 of the Criminal Procedure Act 2009.*