



DOGS NSW – APPLICATION FOR REGISTRATION OF LITTER

PROGENY DETAILS		
PUPPY ONE		
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:	2 nd Choice Name:	
Colour/Markings:	Microchip:	
New Owner Name:	New Owner Member No: (If applicable)	
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:	Endorsement: <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	
PUPPY TWO		
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:	2 nd Choice Name:	
Colour/Markings:	Microchip:	
New Owner Name:	New Owner Member No: (If applicable)	
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:	Endorsement: <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	
PUPPY THREE		
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:	2 nd Choice Name:	
Colour/Markings:	Microchip:	
New Owner Name:	New Owner Member No: (If applicable)	
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:	Endorsement: <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	



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PUPPY FOUR		
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:	2 nd Choice Name:	
Colour/Markings:	Microchip:	
New Owner Name:	New Owner Member No: (If applicable)	
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:	Endorsement: <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	
PUPPY FIVE		
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:	2 nd Choice Name:	
Colour/Markings:	Microchip:	
New Owner Name:	New Owner Member No: (If applicable)	
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:	Endorsement: <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	
PUPPY SIX		
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:	2 nd Choice Name:	
Colour/Markings:	Microchip:	
New Owner Name:	New Owner Member No: (If applicable)	
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:	Endorsement: <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	