



## DOGS NSW – ADDITIONAL PROGENY TO ACCOMPANY AN APPLICATION FOR REGISTRATION OF LITTER (November 2025 version)

| PUPPY TEN (10)                                                                                                                                        |                                                  |                                                                    |                                         |                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------|--|
| Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration                                                    |                                                  | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |                                         |                                                                                   |  |
| 1 <sup>st</sup> Choice Name:                                                                                                                          | Max 30 characters including prefix name & spaces |                                                                    | 2 <sup>nd</sup> Choice Name:            | Max 30 characters including prefix name & spaces                                  |  |
| Colour & Coat:                                                                                                                                        |                                                  |                                                                    | Microchip:                              |                                                                                   |  |
| New Owner Name:                                                                                                                                       |                                                  |                                                                    | New Owner Member No:<br>(If applicable) |                                                                                   |  |
| Residential Address:                                                                                                                                  |                                                  |                                                                    |                                         |                                                                                   |  |
| State:                                                                                                                                                |                                                  | Postcode:                                                          |                                         | Country<br>(if overseas):                                                         |  |
| Contact Number:                                                                                                                                       |                                                  | Email:                                                             |                                         |                                                                                   |  |
| Natural Bob Tail? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide evidence as per Dogs Australia regulations Part 6) |                                                  |                                                                    |                                         | <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding |  |

| PUPPY ELEVEN (11)                                                                                                                                     |                                                  |                                                                    |                                         |                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------|--|
| Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration                                                    |                                                  | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |                                         |                                                                                   |  |
| 1 <sup>st</sup> Choice Name:                                                                                                                          | Max 30 characters including prefix name & spaces |                                                                    | 2 <sup>nd</sup> Choice Name:            | Max 30 characters including prefix name & spaces                                  |  |
| Colour & Coat:                                                                                                                                        |                                                  |                                                                    | Microchip:                              |                                                                                   |  |
| New Owner Name:                                                                                                                                       |                                                  |                                                                    | New Owner Member No:<br>(If applicable) |                                                                                   |  |
| Residential Address:                                                                                                                                  |                                                  |                                                                    |                                         |                                                                                   |  |
| State:                                                                                                                                                |                                                  | Postcode:                                                          |                                         | Country<br>(if overseas):                                                         |  |
| Contact Number:                                                                                                                                       |                                                  | Email:                                                             |                                         |                                                                                   |  |
| Natural Bob Tail? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide evidence as per Dogs Australia regulations Part 6) |                                                  |                                                                    |                                         | <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding |  |

| PUPPY TWELVE (12)                                                                                                                                     |                                                  |                                                                    |                                         |                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------|--|
| Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration                                                    |                                                  | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |                                         |                                                                                   |  |
| 1 <sup>st</sup> Choice Name:                                                                                                                          | Max 30 characters including prefix name & spaces |                                                                    | 2 <sup>nd</sup> Choice Name:            | Max 30 characters including prefix name & spaces                                  |  |
| Colour & Coat:                                                                                                                                        |                                                  |                                                                    | Microchip:                              |                                                                                   |  |
| New Owner Name:                                                                                                                                       |                                                  |                                                                    | New Owner Member No:<br>(If applicable) |                                                                                   |  |
| Residential Address:                                                                                                                                  |                                                  |                                                                    |                                         |                                                                                   |  |
| State:                                                                                                                                                |                                                  | Postcode:                                                          |                                         | Country<br>(if overseas):                                                         |  |
| Contact Number:                                                                                                                                       |                                                  | Email:                                                             |                                         |                                                                                   |  |
| Natural Bob Tail? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide evidence as per Dogs Australia regulations Part 6) |                                                  |                                                                    |                                         | <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding |  |



## DOGS NSW – ADDITIONAL PROGENY TO ACCOMPANY AN APPLICATION FOR REGISTRATION OF LITTER

| PUPPY THIRTEEN (13)                                                                                                                                  |  |                                                  |                                                                    |                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration                                                   |  |                                                  | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |                                                                                   |  |
| 1 <sup>st</sup> Choice Name:                                                                                                                         |  | Max 30 characters including prefix name & spaces |                                                                    | 2 <sup>nd</sup> Choice Name:                                                      |  |
|                                                                                                                                                      |  |                                                  |                                                                    | Max 30 characters including prefix name & spaces                                  |  |
| Colour & Coat:                                                                                                                                       |  |                                                  |                                                                    | Microchip:                                                                        |  |
|                                                                                                                                                      |  |                                                  |                                                                    |                                                                                   |  |
| New Owner Name:                                                                                                                                      |  |                                                  | New Owner Member No:<br>(If applicable)                            |                                                                                   |  |
| Residential Address:                                                                                                                                 |  |                                                  |                                                                    |                                                                                   |  |
| State:                                                                                                                                               |  | Postcode:                                        |                                                                    | Country<br>(if overseas):                                                         |  |
|                                                                                                                                                      |  |                                                  |                                                                    |                                                                                   |  |
| Contact Number:                                                                                                                                      |  | Email:                                           |                                                                    |                                                                                   |  |
|                                                                                                                                                      |  |                                                  |                                                                    |                                                                                   |  |
| Natural Bob Tail? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide evidence as per Dogs Australia regulations Part 6 |  |                                                  |                                                                    | <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding |  |

| PUPPY FOURTEEN (14)                                                                                                                                  |  |                                                  |                                                                    |                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration                                                   |  |                                                  | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |                                                                                   |  |
| 1 <sup>st</sup> Choice Name:                                                                                                                         |  | Max 30 characters including prefix name & spaces |                                                                    | 2 <sup>nd</sup> Choice Name:                                                      |  |
|                                                                                                                                                      |  |                                                  |                                                                    | Max 30 characters including prefix name & spaces                                  |  |
| Colour & Coat:                                                                                                                                       |  |                                                  |                                                                    | Microchip:                                                                        |  |
|                                                                                                                                                      |  |                                                  |                                                                    |                                                                                   |  |
| New Owner Name:                                                                                                                                      |  |                                                  | New Owner Member No:<br>(If applicable)                            |                                                                                   |  |
| Residential Address:                                                                                                                                 |  |                                                  |                                                                    |                                                                                   |  |
| State:                                                                                                                                               |  | Postcode:                                        |                                                                    | Country<br>(if overseas):                                                         |  |
|                                                                                                                                                      |  |                                                  |                                                                    |                                                                                   |  |
| Contact Number:                                                                                                                                      |  | Email:                                           |                                                                    |                                                                                   |  |
|                                                                                                                                                      |  |                                                  |                                                                    |                                                                                   |  |
| Natural Bob Tail? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide evidence as per Dogs Australia regulations Part 6 |  |                                                  |                                                                    | <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding |  |

| PUPPY FIFTEEN (15)                                                                                                                                   |  |                                                  |                                                                    |                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration                                                   |  |                                                  | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |                                                                                   |  |
| 1 <sup>st</sup> Choice Name:                                                                                                                         |  | Max 30 characters including prefix name & spaces |                                                                    | 2 <sup>nd</sup> Choice Name:                                                      |  |
|                                                                                                                                                      |  |                                                  |                                                                    | Max 30 characters including prefix name & spaces                                  |  |
| Colour & Coat:                                                                                                                                       |  |                                                  |                                                                    | Microchip:                                                                        |  |
|                                                                                                                                                      |  |                                                  |                                                                    |                                                                                   |  |
| New Owner Name:                                                                                                                                      |  |                                                  | New Owner Member No:<br>(If applicable)                            |                                                                                   |  |
| Residential Address:                                                                                                                                 |  |                                                  |                                                                    |                                                                                   |  |
| State:                                                                                                                                               |  | Postcode:                                        |                                                                    | Country<br>(if overseas):                                                         |  |
|                                                                                                                                                      |  |                                                  |                                                                    |                                                                                   |  |
| Contact Number:                                                                                                                                      |  | Email:                                           |                                                                    |                                                                                   |  |
|                                                                                                                                                      |  |                                                  |                                                                    |                                                                                   |  |
| Natural Bob Tail? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide evidence as per Dogs Australia regulations Part 6 |  |                                                  |                                                                    | <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding |  |