DOGS NSW
TRANSFER OF OWNERSHIP APPLICATION

☐ COLLECT FROM DOGS NSW OFFICE
☐ 1 HOUR EXPRESS
☐ 24 HOUR EXPRESS
☐ POST
☐ EXPRESS POST

CURRENT OWNER'S DETAILS			
Title:	First Name:	Surname:	
Title:	First Name:	Surname:	
Signature/s of ALL Current Owner/s:		Date	
Signature/s of ALL Current Owner/s:		Date	

DOG'S DETAILS			
Breed:	Sex: M ☐ F ☐ N ☐	Registration No.	
Registered Name of Dog:			
Microchip Number**:**			

NEW OWNER'S DETAILS			
New Owner's Name:	Title:	First Name:	Surname:
New Owners Membership Number:			
Address:			
Suburb:	Postcode:	Phone:	
PLEASE INDICATE TRANSFER DATE:			
Signature/s of ALL NEW Owner/s:		Date	
Signature/s of ALL NEW Owner/s:		Date	

PAYMENT DETAILS
Credit Card Details: ☐ Mastercard ☐ Visa Expiry Date: / CCV No:
Card Number:
Please debit my credit card for the amount of: $
Signature of cardholder:

This completed application should be emailed to info@dogsnsw.org.au
or mailed to, DOGS NSW, P.O. Box 632, St Marys NSW 1790