

# DOGS NSW



## IDENTIFICATION OF A DOG TO BE ADDED TO ITS RECORD

**Business Address:**

The Bill Spilstead Complex for Canine Affairs  
44 Luddenham Rd, Erskine Park NSW 2759

**Postal Address:**

PO Box 632, St. Marys NSW 1790

Ph: (02) 9834 3022

1300 728 022

Fax: (02) 9834 3872

Website: www.dogsnsw.org.au

Email: info@dogsnsw.org.au

**NO CHARGE UNLESS DUPLICATE IS REQUIRED**  
**(\$18.75 for Duplicate Certificate, which Certificate of Registration is required)**

Breed \_\_\_\_\_ Sex: \_\_\_\_\_

Registration No:

Name of dog \_\_\_\_\_

Membership no:

Name of owner \_\_\_\_\_

Address \_\_\_\_\_

P/Code \_\_\_\_\_ Phone \_\_\_\_\_

I/we \_\_\_\_\_ being the registered owner(s) of  
the above named dog, make application to have the following identification added to its record.

**\*Copies of the original microchip/tattoo paperwork or barcode MUST accompany this form if you require the  
number/s to be recorded on the Certificate of Registration & Pedigree.**

Microchip: \_\_\_\_\_

Tattoo \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE DO NOT SEND CERTIFICATE OF REGISTRATION UNLESS A DUPLICATE CERTIFICATE, IN  
WHICH THE IDENTIFICATION APPEARS, IS REQUIRED**

**Credit Card Details**

Mastercard     Visa     Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Card Number

**\*Effective from 1<sup>st</sup> September 2008 a flat fee of \$1.00 for services paid by credit cards will apply.**

Please debit my credit card for the amount of \$ \_\_\_\_\_ Signature: \_\_\_\_\_

The completed application should be forwarded to:    The Secretary  
Dogs NSW  
P.O. Box 632  
ST MARYS NSW 1790