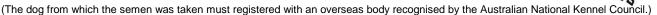
DOGS NSW

RE-REGISTRATION OF IMPORTED SEMEN



FEE: \$103.20 (PENSIONERS: \$74.50)

Business Address:

The Bill Spilstead Complex for Canine Affairs 44 Luddenham Rd, Orchard Hills NSW 2748

Postal Address: PO Box 632, St. Marys NSW 1790	Website: www.dogsnsw.org.au Email: info@dogsnsw.org.au
COLLECT FROM DOGS NSW OFFICE POST EXP	RESS POST: \$7.70
DETAILS OF SEMEN DONOR DOG OR STUD DOG	
Breed	Dogs Registrations No
Name of Dog	
Colour/Markings	
Microchip No.	
Country Semen/Stud Dog From	
DETAILS OF REGISTERED OVERSEAS OWNER	
Name:	
Address	
DETAILS OF OWNER IN AUSTRALIA OF SEMEN: Name of Semen Owner(s)	Note: A resident of NSW purchasing semen from a overseas dog must be a Member of Dogs NSW. Membership No
Address	Post Code
SEMEN DETAILS Name and Address of storing Veterinary Clinic:	
Straw / Vial amount: Straw / Vial Batch/Numbers:	
1. Original or certified copy of three generation pedigree (if imported and has no (Note: We will accept a scanned three generation pedigree by email only if s Country where the dog is registered to the Controlling Body in Australia) 2. Photocopy of the ownership certificate; 3. Photocopy of the semen collection certificate; 4. Photocopy of DoA final clearance certificate (AQIS final clearance certificate)	ot been previously registered); ent direct from the Controlling Body in the
Signature/s of ALL registered owner/s of dog	Date
NOTE: Dogs/Semen which is required to be re-registered are not eligible to be used (and ALL accompanying documents listed above) are lodged and certified to be complete.	
Credit Card Details	CCV No:
Card Number	

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

Effective from 1st 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 \$ ______ + \$1.00 Credit Card surcharge Signature of cardholder:

Ph: (02) 9834 3022

1300 728 022



AUSTRALIAN NATIONAL KENNEL COUNCIL LTD APPLICATION FOR REGISTRATION OF SEMEN

DETAILS OF SEMEN

Frozen	(Please indicate) No. of Straws	
Batch No.		
Storage and Location		
Name of Dog		
Registration No.	Breed	
Sire	Reg No.	
Dam	Reg No.	
Markings/Colour	Date of Birth	
Microchip/Tattoo No. (if any)		
Purchasing Owner/s Name		
Address		
Membership No.		
DECLARATION BY OWNER/S		
I/We hereby certify I/we are the registered owner/s of the above mentioned frozen semen and apply to have the semen registered in my/our name/s. I/We attach the Certificate of Collection of Semen (Form 1) and in the case of imported semen, an original or certified copy of a complete three generation pedigree of the dog issued by the ANKC recognised Overseas Canine Controlling Body in the Country of which the dog is resident in, the necessary import/quarantine documentation and in the case of a non resident dog, the completed Re-registration application and fee.		
Signature/s		
Date		
Note: All owners are to sign this statement.		
FOR OFFICE USE ONLY		
	DATERECEIPT	
•		
RE-REGISTRATION FEE (if applicable) \$		



AUSTRALIAN NATIONAL KENNEL COUNCIL LTD CERTIFICATE OF COLLECTION OF SEMEN

DETAILS OF DONOR DOG

Registration No. Breed	
Sire	Reg No.
Dam	Reg No.
Markings/Colour	Date of Birth
Microchip/Tattoo No. (if any)	
Owner/s Name (of Donor Dog)	
Address	
Membership No.	
DECLARATION BY OWNER/S	
I/We hereby certify I/We are the registered owner/s of the above mention (date) the dog was presented to the under mentioned Semen Collector for authorise the Semen Collector to undertake the collection of semen.	
Name of Owner/s	
Signature/s	
Date (Note: All owners are to sign this statement)	
SEMEN COLLECTOR DECLARATION	<u>N</u>
I hereby certify that on / / (date) the above named dog was and that semen was collected from this dog. At the time of the collection both testes fully descended and in the scrotum.	
Semen type collected: Frozen No. of Straw	s/Vials/Pellets collected
Signed	
Name of Semen Collector	
Address	
	Date

Name of Dog