

DOGS NSW

APPLICATION TO TRANSFER FROZEN SEMEN



This form is to be used if the original owner of the frozen semen, as registered on the ANKC Database, is transferring any part of the registered frozen semen to another party and the original semen registration certificate is to accompany this application.

Business Address:

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

Postal Address:

P O Box 632, St Marys NSW 1790

Telephone: (02) 9834 3022

1300 728 022

Fax: (02) 9834 3872

Website: www.dogsnsw.org.au

PLEASE COMPLETE ALL DETAILS ON THIS FORM IN BLOCK LETTERS

I/WE MAKE AN APPLICATION TO TRANSFER FROZEN SEMEN REGISTERED ON MY/OUR BEHALF WITH DOGS NSW AND LIST BELOW DETAILS PERTAINING TO THIS TRANSFER.

DETAILS OF REGISTERED OWNER/S

TITLE	INITIALS	SURNAME	
RESIDENTIAL ADDRESS	SUBURB	POSTCODE	
DOGS NSW MEMBERSHIP NUMBER (IF APPLICABLE)	TELEPHONE (HOME)	(BUSINESS)	

DETAILS OF REGISTERED DONOR DOG

REGISTERED NAME	REGISTERED No.	
BREED	BATCH No. TO BE TRANSFERRED	No. OF STAWS

DETAILS OF PERSON/S SEMEN TO BE TRANSFERRED TO

TITLE	INITIALS	SURNAME	
RESIDENTIAL ADDRESS	SUBURB	POSTCODE	
COUNTRY			
DOGS NSW MEMBERSHIP NUMBER (IF APPLICABLE)	TELEPHONE (HOME)	(BUSINESS)	

EFFECTIVE DATE OF TRANSFER

DAY	MONTH	YEAR
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SIGNATURE OF REGISTERED OWNER/S

OFFICE USE

RECIPT No.	AMOUNT
DATE RECEIVED	DATE TRANSFER

PAYMENT BY CREDIT CARD

Expiry Date: ____ / ____ Amount \$ _____ Mastercard Visa

Cardholders Name: _____

Card No. [] [] [] [] [] - [] [] [] [] [] - [] [] [] [] [] - [] [] [] [] []

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

Signature:

Please refer to Dogs NSW Gazette or the website www.dogsnsw.org.au for current scale of charges.

APPLICATIONS SUBMITTED WITH INSUFFICIENT PAYMENT WILL BE RETURNED

Royal New South Wales Canine Council Ltd ABN 69 062 986 118 Trading as Dogs NSW