



# DOGS NSW - APPLICATION FOR REGISTRATION OF LITTER

- COLLECT FROM DOGS NSW OFFICE
- POST (Tracking Included)
- EXPRESS POST

- 1 HOUR EXPRESS – PICK UP
- 1 HOUR – SAME DAY EXPRESS POST
- 24 HOUR – EXPRESS \*(Select either Collect or Post)

**This application must be completed in accordance with DOGS NSW Regulations in particular, Part 1-The Register & Registration and Part XIII-Code of Ethics**

Breed:	Breeder's Name:
Breeder's Prefix:	Breeder's Membership No:
Date of Mating:	Date of Whelping:
Sire's Registered Name:	Sire's Registered No:
Dam's Registered Name:	Dam's Registered No:
Number of Male Puppies Living:	Number of Female Puppies Living:

**SERVICE CERTIFICATE: Declaration must be completed by the Owner/s of the Sire/Semen if different to the Breeders**

I/We as the owner/s of the Sire/Semen as listed above, registered on the ANKC Ltd Main Register, with the number shown, declare that this dog serviced/inseminated the bitch as listed above and declare that the dog is entire, that is, has two apparently normal testicles descended into the scrotum, and declare that I/we are Financial Members with an ANKC Ltd Affiliated Body prior to and at the time of mating.

Sire Owner's Name:	Sire Owner's Member No:
Signature:	Signature:
Signature:	Signature:

**BREEDER DECLARATION: To be completed by the Breeder/s**

- I/We certify that this application is in compliance with DOGS NSW Regulations and it contains no Non-Registerable Docked Dogs.
- I/We acknowledged and agree that if this application contains any incorrect information all or any of the dogs referred to therein may at any time be suspended or deregistered in accordance with DOGS NSW Regulations.
- I/We agree to become bound by the RNSWCC Articles of Association, DOGS NSW Regulations, and decisions of the Board of Directors of the RNSWCC (Trading as DOGS NSW)
- I/We have read the adopted ANKC Ltd Breed Standard and declare that to the best of my/our knowledge, the colour of the progeny being registered on the Main Register conforms to the Breed's accepted colours at the time of registration.
- I/We have provided all details of the new owner(s) of the puppies that have new homes.

Breeder's Name:	Breeder's Member No:
Signature:	Signature:
Signature:	Signature:

**ARTIFICIAL INSEMINATION: To be completed by the Inseminator**

If the above progeny are the result of artificial insemination using FRESH or CHILLED semen, the Inseminator must complete the details as set out below.

I, \_\_\_\_\_, certify that I artificially inseminated the Dam listed above with semen taken from the sire listed above.

Inseminator's Name:	Membership No (if applicable):
Signature:	

**PAYMENT DETAILS**

Credit Card type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Name on Card:
Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CCV: <input type="text"/> <input type="text"/> <input type="text"/>	
Signature:	



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PROGENY DETAILS		
<b>PUPPY ONE</b>		
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:	2 <sup>nd</sup> Choice Name:	
Colour/Markings:	Microchip:	
New Owner Name:	New Owner Member No:	
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:		
<b>PUPPY TWO</b>		
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:	2 <sup>nd</sup> Choice Name:	
Colour/Markings:	Microchip:	
New Owner Name:	New Owner Member No:	
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:		
<b>PUPPY THREE</b>		
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:	2 <sup>nd</sup> Choice Name:	
Colour/Markings:	Microchip:	
New Owner Name:	New Owner Member No:	
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:		



<b>PUPPY FOUR</b>		
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:	2 <sup>nd</sup> Choice Name:	
Colour/Markings:	Microchip:	
New Owner Name:	New Owner Member No:	
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:		
<b>PUPPY FIVE</b>		
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:	2 <sup>nd</sup> Choice Name:	
Colour/Markings:	Microchip:	
New Owner Name:	New Owner Member No:	
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:		
<b>PUPPY SIX</b>		
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:	2 <sup>nd</sup> Choice Name:	
Colour/Markings:	Microchip:	
New Owner Name:	New Owner Member No:	
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:		