



DOGS NSW - ADDITIONAL PROGENY TO ACCOMPANY AN APPLICATION FOR REGISTRATION OF LITTER

PUPPY SEVEN		
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:	2 nd Choice Name:	
Colour/Markings:	Microchip:	
New Owner Name:	New Owner Member No: (If applicable)	
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:	Endorsement: <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	
PUPPY EIGHT		
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:	2 nd Choice Name:	
Colour/Markings:	Microchip:	
New Owner Name:	New Owner Member No: (If applicable)	
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:	Endorsement: <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	
PUPPY NINE		
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:	2 nd Choice Name:	
Colour/Markings:	Microchip:	
New Owner Name:	New Owner Member No: (If applicable)	
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:	Endorsement: <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	



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PUPPY TEN		
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:	2 nd Choice Name:	
Colour/Markings:	Microchip:	
New Owner Name:	New Owner Member No: (If applicable)	
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:	Endorsement: <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	
PUPPY ELEVEN		
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:	2 nd Choice Name:	
Colour/Markings:	Microchip:	
New Owner Name:	New Owner Member No: (If applicable)	
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:	Endorsement: <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	
PUPPY TWELVE		
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:	2 nd Choice Name:	
Colour/Markings:	Microchip:	
New Owner Name:	New Owner Member No: (If applicable)	
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:	Endorsement: <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	



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PUPPY THIRTEEN		
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:	2 nd Choice Name:	
Colour/Markings:	Microchip:	
New Owner Name:	New Owner Member No: (If applicable)	
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:	Endorsement: <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	
PUPPY FOURTEEN		
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:	2 nd Choice Name:	
Colour/Markings:	Microchip:	
New Owner Name:	New Owner Member No: (If applicable)	
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:	Endorsement: <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	
PUPPY FIFTEEN		
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:	2 nd Choice Name:	
Colour/Markings:	Microchip:	
New Owner Name:	New Owner Member No: (If applicable)	
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:	Endorsement: <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	