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DOGS NSW - CHANGE OF MICROCHIP DETAILS

COLLECT FROM DOGS NSW OFFICE

D POST

EXPRESS POST

1 HOUR EXPRESS

24 HOUR EXPRESS

(Select either Collect or Post for all options, See Scale of Charges for fees applicable)

Breed:			Sex: 🗌 Male 🗌 Female 🗌 Neuter 🗌 Spayed					
Name of Dog:								
Registration No:								
Name of Registered	Owner(s):							
Membership (s) No:			Phone:					
Address:								
Old Microchip Num	ber:							
New Microchip Num	nber:							
Please state the rease microchip details:	son for the change in							
I / we, being the registered owner(s) of the above-mentioned dog hereby declare that the information provided on this application is true and correct.								
All Signature(s): - Owner/s				Date:				
All Signature(s): -Breeder/s				Date:				

PAYMENT DETAILS:							
Credit Card type: 🗌 Mastercard 🔲 Visa							
Card Number:							
Charge my Credit Card for the amount of \$				Note: Check "Scale of Charges" for current registration fees at /www.dogsnsw.org.au/members/forms/			
Signature of Cardholder:				Date:			

The completed application should be forwarded to: The Secretary, DOGS NSW, PO Box 632, St Marys NSW 1790 Royal New South Wales Canine Council Ltd ABN 69 062 986 118 trading as DOGS NSW Phone 02 9834 3022 or email <u>info@dogsnsw.org.au</u>