ACT Canine Association Inc. (ABN 11150955611) trading as Dogs A.C.T.

Exhibition Park, Federal Highway, Mitchell, ACT.

PO Box 815, Dickson ACT 2602. Phone 02 62414404.

Email: administrator@dogsact.org.au or visit: [http://www.dogsact.org.au](http://www.dogsact.org.au/)

Office hours 9.30am to 2.30pm Tuesday to Thursday

**ASSOCIATE DOG REGISTER APPLICATION**

|  |  |
| --- | --- |
| **Owner Of Dog:** |       |
|  |  |  |  |
| **Address:** |       |
|  |  |  |  |
|  |       | **Postcode** |       |
|  |  |  |  |
| **Phone No.:** |       | **Mobile** |       |
|  |  |  |  |
| **Common Name Of Dog:** |       |
|  |  |  |  |
| **Sex:** |       | **Age:** |       |
|  |  |  |  |
| **Breed Combination If Identifiable:** |       |
|  | **(Eg. Collie/Labrador X)** |  |  |
| **Colour:** |       |
|  |  |  |  |
| **Distinguishing Marks:** |       |
|  |  |  |  |
| **Veterinarian (Desexing)** |       |
|  | **(Copy of Certificate must be attached)** |  |  |
| **Microchip Number**  |       |
|  |  |  |  |
| **Obedience Club:** |       |
|  |  |  |  |
| **Dogs ACT Membership No.** |       |
|  |  |
| ***I CERTIFY THAT THE ABOVE DETAILS ARE CORRECT*** |
|  |  |       |
| **Signature** |  | Date |
| **FEE $45.00 INCLUSIVE OF GST** |
| **OFFICE USE ONLY** |
| **Registration Number -**  | **Microchip Number Confirmed YES / NO** |