

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](mailto: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

**DUPLICATE CERTIFICATE OF REGISTRATION APPLICATION**

Only one certificate of registration should exist for each ANKC registered dog ay any given time.  
That dog must be resident in Australia and owned by a financial member of a State Canine Control.

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| **REGISTERED OWNER :** |  | | | | | | |
| **ADDRESS:** |  | | | | | | |
|  |  | | | | **POST CODE:** | |  |
| **PHONE NUMBER:** |  | | **MOBILE:** |  | | | |
| **MEMBERSHIP NUMBER:** |  | | | | | | |
| **NAME OF DOG:** |  | | | | | | |
| **REGISTRATION No:** |  | | | | | **SEX:** |  |
|  | | | | | | | |
| **REASON FOR DUPLICATE CERTIFICATE:** | | | | | | | |
|  | | | | | | | |
| **I CERTIFY THAT I AM THE OWNER OF THE ABOVE DOG AND I AM APPLYING FOR A DUPLICATE CERTIFICATE OF REGSITRATION:** | | | | | | | |
|  | | | | | | | |
|  | |  |  | | | | |
| **Signature.** | |  | **Date.** | | | | |
|  | |  |  | | | | |
| **Signature.** | |  | **Date.** | | | | |
|  | | | | | | | |
| **FEE TO BE ENCLOSED IS $25.00 (GST Inclusive)** | | | | | | | |
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| MAIL APPLICATIONS TO – PO BOX 815, DICKSON, ACT, 2602  OR RETURN THE APPLICATION TO THE OFFICE OF ACT CANINE ASSOCIATION,  SITUATED - DOGS GROUNDS, EXHIBITION PARK (EPIC) FLEMINGTON ROAD, MITCHELL. | | | | | | | |
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| YOUR APPLICATION FOR A DUPLICATE CERTIFICATE OF REGISTRATION WILL BY DETERMINED  BY THE COUNCIL OF THE ACT CANINE ASSOCIATION. THE COUNCIL MEETS ON THE SECOND  WEDNESDAY OF EACH MONTH. | | | | | | | |