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| DogsACT_blackACT 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: admin@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 | **Application for Export Pedigree** |

Fees: refer to our website, **dogsact.org.au**.

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| **BREED:** |       | **SEX.**  |       |
| **NAME OF DOG:** |       |
| **REGISTRATION No:** |       |
| **MICROCHIP NUMBER:** |       |
| **APPLICANT/S:** |       |
| **MEMBERSHIP NUMBER:** |       |
| **ADDRESS:** |       |
|  |       |
| **POST CODE:** |       |
| **PHONE NUMBERS:** |       | **MOBILE:** |       |
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| **SIGNATURE/S:** |  |  |  |
| **DATE:** |       |  |       |
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| **ALL OWNERS MUST SIGN UNLESS PRIOR INSTRUCTIONS ARE LODGED WITH THE CONTROLLING BODY. IN SIGNING THIS FORM – THE OWNERS AGREE TO THE PUBLICATION OF THIS EXPORT AS PER ANKC REGULATIONS** |
| **Name/s of overseas persons whom dog is to be transferred and export made out to:** |       |
|       |
|       |
| **Address:** |       |
| **Address (line 2)** |       |
| **Country:** |       |
|  |  |
| **FORWARD THE COMPLETED APPLICATION TO: DOGS ACT, PO BOX 815, DICKSON, ACT, 2602** |
| **ADDRESS:** To prevent the loss of this document, it will be returned to the applicant to on‑forward to the new owner. |       |
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|  |       |
| **IMPORTANT: THE COMPLETED APPLICATION MUST BE ACCCOMPANIED BY THE ORIGINAL REGISTRATION CERTIFICATION, WITH THE DETAILS OF THE NEW OVERSEAS OWNER/S.** |
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| Dogs ACT - PO Box 815 Dickson, ACT, 2602 |