



A.C.T. Canine Association Inc.

ACT Canine Association Inc. (ABN 11150955611) trading as

Dogs A.C.T.

Exhibition Park, Federal Highway, Mitchell, ACT.

PO Box 815, Dickson ACT 2602.

Email: admin@dogsact.org.au or visit:

<http://www.dogsact.org.au>

Office hours 9.30am to 2.30pm Tuesday to Thursday

Application to register an Associate Dog

Dog	
Name:	
Sex:	M / F
Date of birth:	<i>(estimate if not known, mandatory)</i>
Breed Combination:	<i>(Eg. Collie/Labrador X)</i>
Colour(s):	
Any distinguishing features:	
Desex/Sterilised Certificate:	Copy must be attached
Microchip Number:	

Owner	
Name	
Address:	
Suburb or Town:	
Postcode:	
Phone No:	
Mobile:	
Dogs ACT Membership No:	
	<i>I certify that the above details are correct</i>
Signature:	
Date:	
Credit card:	Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Debit card <input type="checkbox"/>
Cardholders Name:	
Card Number:	
Expiry date:	/
Card Verify Code:	(3 digit number on rear of card)
Fee to register an Associate Dog:	\$

Office Use Only	
Registration Number	
Desex/Sterilised Certificate attached (mandatory)
Microchip Number Confirmed	Yes / No