



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. Phone 02 62414404.  
Email: [admin@dogsact.org.au](mailto:admin@dogsact.org.au) or visit:  
<http://www.dogsact.org.au>  
Office hours 9.30am to 2.30pm Tuesday to Thursday

# Application for the Transfer between Registers

<b>Breed:</b>		<b>Registration No:</b>	
<b>Dogs Name:</b>			
<b>** Breeder:</b>		<b>Membership No:</b>	
<b>Address:</b>			
<b>Email:</b>		<b>Phone Number:</b>	
<b>Owners:</b>		<b>Membership No:</b>	
<b>Address:</b>			
<b>Email:</b>		<b>Phone Number:</b>	

**OWNERS DECLARATION:** I/We being the registered owner(s) of the above named dog, make application to transfer this dog -

<b>FROM</b>	<b>LIMIT TO MAIN REGISTER</b>	<input type="checkbox"/>
	<i>Clearly mark the box which is the correct transfer</i>	
<b>FROM</b>	<b>MAIN TO LIMIT REGISTER</b>	<input type="checkbox"/>

<b>Owners Signatures:</b>		
<b>Date:</b>		

**IMPORTANT - ALL OWNERS MUST SIGN THE THIS FORM.**

**BREEDERS DECLARATION:** I have read the adopted A.N.K.C. Breed Standard and declare that the above named dog conforms to the relevant breed standard, including the colour, at the time of this upgrade.

<b>Breeders Signatures:</b>		
<b>Date:</b>		

**IMPORTANT – ALL BREEDERS FOR THIS DOG MUST SIGN THIS FORM.**

**REGISTRATION FORM MUST BE ATTACHED TO THIS APPLICATION.**

**Please see next page of form for further information and fees.**

**IMPORTANT:**

- The existing registration certificate must accompany this application.
- All registered owners of the animal must sign this form.
- \*\* Approval of the Breeder/s must be obtained before transfer is effective.
- All registered breeders of this animal must sign this form.
- You must have read the adopted A.N.K.C. breed standard and declare that the above named dog conforms to the relevant breed standard, including the colour, at the time of this upgrade.
- More information at [www.dogsact.org.au](http://www.dogsact.org.au) or [www.ankc.org.au](http://www.ankc.org.au).

**Fees: refer to our website [www.dogsact.org.au](http://www.dogsact.org.au)**

<b><u>CREDIT CARD PAYMENT</u> - please do not use AMEX or DINERS cards.</b>		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> DEBIT CARD
<b>Cardholders Name:</b>	----- (As per details on the card)	
<b>Card Number:</b>	----- - ----- - ----- (Please print clearly - thank you.)	
<b>Expiry Date:</b>	/	<b>Card Verify Code</b> ----- (3 Digit number on rear of card.)
<b>Amount:</b>	-----	
<b>Signature:</b>	-----	

**Forward completed application with REGISTRATION FORM & PAYMENT  
to Dogs A.C.T. - PO Box 815, Dickson, ACT, 2602**

<b>Date Received:</b>	<b>Date Processed:</b>
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