## **APPLICATION FOR LITTER REGISTRATION**

is to be completed using CAPITAL LETTERS

## Exhibition Park, Federal Highway, Mitchell, ACT. PO Box 815, Dickson ACT 2602. Phone 02 62414404. Email: <u>admin@dogsact.org.au</u> or visit: <u>http://www.dogsact.org.au</u> Office hours 9.30am to 2.30pm Tuesday to Thursday

BREED:					BREEDERS PREFIX:							Email or Send to:	
	SIRE:				SIRE'S REGISTRATION NUMBER:								
DAM:			DAM'S REGISTRATION NUMBER:							Dogs ACT PO BOX 815			
BREEDER:			BREEDER'S MEMBERSHIP NUMBER:							DICKSON			
SIRE'S OWNER:					SIRE'S OWNERS MEMBERSHIP NO:						ACT 2602		
DATE OF MATING:					<ul> <li>NOTE: IN SIGNING THIS FORM THE OWNER/S AGREE TO THE PUBLICATION OF THIS LITTER.</li> <li>Breeders must be a resident of the A.C.T and a financial member of the A.C.T Canine Association.</li> <li>An A.C.T residential address not a PO Box address must be linked to the breeders prefix.</li> <li>A dogs name must not exceed 30 characters (including prefix).</li> <li>Certain words are not permitted as common names. These words include words already registered as a breeder's prefix, the words "OF", "CHAMP", "IMP" and numbers (eg. I, IV etc.), hyphens and apostrophe's.</li> </ul>								
DATE OF BIRTH:				2. An A									
Total Number of dog puppies =													
Total Number of bitch puppies =					5. The I	5. The list of Fees for each of these services is on the <b>Dogs ACT website / Forms &amp; Fees</b>							
NO.	FIRST CHOICE NAME			SECOND CHOICE (Must be Suppli	MAIN OR LIMITED	SEX D/B	COLOUR / MARKINGS / COAT As per the ANKC breed standards for eligible colours & markings.			MICROCHIP Number Compulsory @ 1.1.2012			
1										-			
2													
3													
4													
5													
6													
7													
8													
9													
10													
10												1	
ADDRESS FOR POSTING					Post Code								
PHONE CONTACT DETAILS IN CASE OF DIFFICULTIES:											·		
SIGNATURE/S OF BREEDER/S		<i>I Certify that all information supplied</i> <i>correct</i> (All owners must sign)			Signature Signature								

## Dogs ACT - Promoting Responsible Dog Ownership



## SERVICE CERTIFICATE

To be completed by the owner of the Sire or Frozen Semen and counter signed by the owner of the dam at the time of mating or A.I.

I/WE			BEING FINANCIAL MEMBER(S) OF:						
Being the Sire's Owner(s). Being the owner of the frozen set	men. (cross out which is not a	pplicable).	ME	MBERSHIP NUMBI	ER:				
ADDRESS:		POST CODE:							
CERTIFY THAT THE BITCH:			BITCH REGISTRATION NO.						
WAS SERVED BY (SIRE'S NAME):		SIRE REGISTRA SEMEN REGIST							
ON DATE OF MATING:									
SIGNATURE OF SIRE/SEMEN ( All must sign unless prior arrange and lodged with the Owner's Cor	ements have been made	Signature			Signature				
OWNER/S OF DAM COUNTER		Signature			Signature				
-	N OF REGISTRATION EN CALENDAR MON	<b>ARTIFICIAL INSEMINATION:</b> If the dogs to which this application relates have been subject to "AI" it is necessary for the Veterinary Surgeon who performed the AI to sign the following declaration;							
NOTE:		1							
SERVICE CERTIFICATE - The c Service Certificate and this must		(Veterinary Surgeon)							
OVERSEAS REGISTERED SIRE the litter can be registered.	E OR DAMS MUST be re-reg	Certify that I artifically inseminated the above mentioned bitch with semen taken from the above mentioned sire							
IMPORTED SEMEN OR SEMEN Canine Computer (ANKC) system		Signature							
ALL DOGS IN THE LITTER MUS registration.	ST BE REGISTERED. Any do	Date							

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