

Application to register an Associate Dog



Office only:

A.C.T. Canine Association Inc.

Received on / /

Desex/Sterilised Certificate attached Y / N

Microchip number confirmed: Y / N

Total Due: \$

EFT or DD or Cash or Cheque

Paid:

ANKC database:

Inv: #

To process your application, Dogs ACT Office needs you to:

1. Complete this page;
2. Attach a copy of the desexing/sterilising certificate
3. Send or deliver to the Office;
4. Arrange payment of these services.

Dog's Name _____ Sex: M / F _____

Date of birth: _____ (estimate if not known, mandatory)

Breed combination _____
Example: Collie/Labrador X

Colour/s _____

Any distinguishing features _____

Desex/Sterilised Certificate attached, per ANKC regulations Yes / No

Microchip number _____

Owner's Name _____ Membership No. _____

Phone numbers (M) _____ (H) _____

Address _____

Email/s _____

Signature & Date _____

The list of Fees for these services is on the [Dogs ACT website / Forms & Fees](#)

		Dogs ACT details:	Details of your payment:
Pay by:	Direct Debit:	Name of bank: St George Bank BSB: 112908 Account Number: 050051244 Suggested Reference: MbrNew.YourName	Amount: _____ Date: _____ Reference: _____
	Card:	Cardholder Name: _____ Card Number _____ - _____ - _____ Expiry Date _____ Amount _____ Signature & Date: _____	
	Cheque or Money Order:	Amount: _____	Number: _____

Dogs ACT is a member body of the [Australian National Kennel Council](#) (ANKC)

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Email: admin@dogsact.org.au or visit: <http://www.dogsact.org.au>. Office hours 9.30am to 2.30pm Tuesday to Thursday