## **APPLICATION FOR LITTER REGISTRATION**

is to be completed using CAPITAL LETTERS

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: <a href="mailto:admin@dogsact.org.au">admin@dogsact.org.au</a> or visit: <a href="http://www.dogsact.org.au">http://www.dogsact.org.au</a> Office hours 9.30am to 2.30pm Tuesday to Thursday

	BREED:				BREEDERS PREFIX:							Email or Send to:
	SIRE:				SIRE'S REGISTRATION NUMBER:							D 40T
	DAM:					DAM'S REGISTRATION NUMBER:						Dogs ACT PO BOX 815
	BREEDER:					BREEDER'S MEMBERSHIP NUMBER:						DICKSON
SIF	RE'S OWNER:					SIRE'S OWNERS MEMBERSHIP NO:						ACT 2602
DATE OF MATING:				NOTE: IN SIGNING THIS FORM THE OWNER/S AGREE TO THE PUBLICATION OF THIS LITTER.  1. Breeders must be a resident of the A.C.T and a financial member of the A.C.T Canine Association.  2. An A.C.T residential address not a PO Box address must be linked to the breeders prefix.  3. A dogs name must not exceed 30 characters (including prefix).  4. 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.								
DATE OF BIRTH:												2. An A
Total Number of dog puppies =												4. Certa bree
Tota	Number of bit	ch puppi	es =		5. The I	5. The list of Fees for each of these services is on the Dogs ACT website / Forms & Fees						
NO.	FIRST C	HOICE N	AME	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												
ADDRESS FOR POSTING					Post Code				Post Code			
PHONE CONTACT DETAILS IN CASE OF DIFFICULTIES:												
	ATURE/S REEDER/S	I Certify that all information supplied correct (All owners must sign)				Signature Signature						



## **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				BEII	NG FINANCIAL ME	EMBER(S) OF:		
Being the Sire's Owne Being the owner of the		men. (cross out which is not a	pplicable).  MEMBERSHIP NUMB			≣R:		
ADDRESS:						POST CODE:		
CERTIFY THAT THE BITCH:				BITCH REGISTRA	ATION NO.			
WAS SERVED BY (SINAME):	IRE'S				SIRE REGISTRATION No. or SEMEN REGISTRATION No.			
ON DATE OF MATING	G:							
SIGNATURE OF SIRE All must sign unless pri and lodged with the O	rior arrang	ements have been made	Signature			Signature		
OWNER/S OF DAM C	OUNTER	SIGNATURE/S.	Signature			Signature		
	_	N OF REGISTRATION EN CALENDAR MON	ARTIFICIAL INSEMINATION: 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:			I					
		owner(s) of the sire or the own be countersigned by the owne	(Veterinary Surgeon)					
OVERSEAS REGISTE the litter can be registe		E OR DAMS MUST be re-regi	Certify that I artifically inseminated the above mentioned bitch with semen taken from the above mentioned sire					
IMPORTED SEMEN C Canine Computer (AN	OR SEMEN KC) syster	I FROM NON (AUSTRALIAN) n before the litter can be regis	Signature					
ALL DOGS IN THE LI registration.	TTER MU	ST BE REGISTERED. Any do	Date					