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	DAM'S REGISTRATION NUMBER:						Dogs ACT PO BOX 815			
BREEDER:			BREEDEF	BREEDER'S MEMBERSHIP NUMBER:						DICKSON			
SIRE'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. Breeders must be a resident of the A.C.T and a financial member of the A.C.T Canine Association. An A.C.T residential address not a PO Box address must be linked to the breeders prefix. 									
DATE OF BIRTH:													2. An A.C
Total Number of dog puppies =					4. Certain breede	breeder's prefix, the words "OF", "CHAMP", "IMP" and numbers (eg. I, IV etc.), hyphens and apostrophe's.							
Total Number of bitch puppies =					5. The list	5. The list of Fees for each of these services is on the Dogs ACT website / Forms & Fees							
NO.	FIRST CHOICE NAME (with out prefix)			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								
PHONE CONTACT DETAILS IN CASE OF DIFFICULTIES:													
SIGNATURE/S OF BREEDER/S		I Certify that all information supplied correct (All owners must sign)			is Signature								

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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 se	men. (cross out which is not a	applicable).	MEI	MBERSHIP NUMBI	ER:			
ADDRESS:					POST CODE:			
CERTIFY THAT THE BITCH:			BITCH REGISTR	ATION NO.				
WAS SERVED BY (SIRE'S NAME):				SIRE REGISTRA SEMEN REGISTR				
ON DATE OF MATING:								
SIGNATURE OF SIRE/SEMEN All must sign unless prior arrang and lodged with the Owner's Col	ements have been made	Signature			Signature			
OWNER/S OF DAM COUNTER	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						
		(Veterinary Surgeon)						
SERVICE CERTIFICATE - The Service Certificate and this must		Number of straws used :						
OVERSEAS REGISTERED SIR 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 MU registration.	ST BE REGISTERED. Any do	Date						

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