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

# Application for Re-registration

Re-Registration of a dog registered with an overseas body recognised by the Dogs Australia (ANKC). Imported or Australian-born returning to Australia.

**The completed and attachments must be returned with payment to Dogs A.C.T. PO Box 815, DICKSON ACT 2602**

Name of Applicant: ---------- Membership No. _____

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Address for Registration: _____

_____ Post Code: _____

Breed of Dog: _____ Registration No. _____

Dogs Name (In Full): _____

Country/Overseas Body: _____ Date of Transfer: _____

**CHECK LIST - ATTACHMENTS MANDATORY FOR RE-REGISTRATION PROCESS:**

1. The original Export Pedigree (3 generations) & Ownership Certificate (if separate documents) issued by an overseas controlling body recognised by Dogs Australia (ANKC).
2. Must be in Dogs ACT member's name (as registered owner) & indicating current ACT address related to their membership. Only Titles granted as shown on the Export Pedigree will transferred to the Dogs Australia (ANKC) database.
3. Proof of identification such as microchip or tattoo.
4. Proof of shipment from Country of Origin to Australia such as Bill of Loading.
5. Proof of importation such as AQIS documents.
6. If the dog above is to be re-registered for Sire purposes only (i.e. frozen semen) an original or certified copy of the three generation pedigree (if imported and not previously registered) showing all titles granted, as issued by the overseas controlling body, is to be provided & current owner/s of the sire are required to sign this application.

**THIS FORM MUST BE COMPLETED BY ALL NEW OWNERS:**

_____ _____ _____

*Signature* *Signature* Date:

This application must be lodged with Dogs ACT before any litter by this animal can be accepted for registration.

Fees: refer to our website **www.dogsact.org.au** / Forms & Fees

Card number _____ Card Type _____ Expiry Date _____ CVV _____

Signature _____