

DOGS NSW

CHANGE OF NAME



FEE \$28.00
PENSIONER \$23.00

Business Address:

The Bill Spilstead Complex for Canine Affairs
44 Luddenham Rd, Orchard Hills NSW 2748

Postal Address:

PO Box 632, St. Marys NSW 1790

Ph: (02) 9834 3022

Fax: (02) 9834 3872

Website: www.dogsnsw.org.au

Email: info@dogsnsw.org.au

COLLECT FROM DOGS NSW OFFICE ☐

1 HOUR EXPRESS - PICK UP: \$65.00

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POST (Tracking Included) ☐

1 HOUR - SAME DAY EXPRESS POST: \$65.00

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EXPRESS POST: \$8.80 ☐

24 HOUR EXPRESS: \$45.00 (Select either Collect or Post)

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This application MUST be accompanied by Original Pedigree Certificate

I/we hereby apply to change the name of the below dog and note Dogs NSW Regulations Part 8, Clause 8.4)

The following check list is to be completed to ensure your application is correct and contains all documents required when submitting to the office.

- ☐ This application is required to be lodged before the dog reaches three (3) months of age
- ☐ Original Registration Certificate to be attached to this application
- ☐ Have the Breeders signed this application giving approval of the name change?
- ☐ Have all registered owners signed this application?
- ☐ The new name applied for complies with Regulations 8.1 and 8.2 of this Part. **9/04**

Breed _____

Current Registered Name _____

Breeder _____

I/We _____

being the registered owner(s) of the above dog, make application to change the common name to:

Registration No:

Membership No:

Please ensure you sign in both positions if you are the Breeder/Owner

All Signature(s) _____ Date _____
(Owner/s)

All Signature(s) _____ Date _____
(Breeder/s)

Credit Card Details ☐ Mastercard ☐ Visa Expiry Date: ____/____ CCV No: ____

Card Number

*** \$1.00 for services paid by credit cards will apply.**

Please debit my credit card for the amount of \$ _____ + \$1.00 Credit Card Surcharge

Signature: _____

The completed application should be forwarded to: DOGS NSW, P.O. Box 632, ST MARYS NSW 1790

Please check DOGS NSW Magazine for current application fees.