

DOGS NSW



RE-REGISTRATION OF IMPORTED SEMEN

(The dog from which the semen was taken must be registered with an overseas body recognised by the Australian National Kennel Council.)

FEE: \$103.20 (PENSIONERS: \$74.50)

Business Address:

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

Ph: (02) 9834 3022

1300 728 022

Fax: (02) 9834 3872

Postal Address:

PO Box 632, St. Marys NSW 1790

Website: www.dogsnsw.org.au

Email: info@dogsnsw.org.au

COLLECT FROM DOGS NSW OFFICE

POST

EXPRESS POST: \$7.70

DETAILS OF SEMEN DONOR DOG OR STUD DOG

Breed _____

Name of Dog _____

Colour/Markings _____

Microchip No. _____

Country Semen/Stud Dog From _____

Dogs Registrations No

DETAILS OF REGISTERED OVERSEAS OWNER

Name: _____

Address _____

DETAILS OF OWNER IN AUSTRALIA OF SEMEN:

Name of Semen Owner(s) _____

Address _____

Note: A resident of NSW purchasing semen from an overseas dog must be a Member of Dogs NSW.

Membership No _____

Post Code _____

SEMEN DETAILS

Name and Address of storing Veterinary Clinic: _____

Straw / Vial amount: _____ Straw / Vial Batch/Numbers: _____

I/we hereby apply for re-registration of the above dog onto the ANKC Database and attach: (ANKC Regulations Part 6, clause 6.4)

1. Original or certified copy of three generation pedigree (if imported and has not been previously registered);
(Note: We will accept a scanned three generation pedigree by email only if sent **direct** from the Controlling Body in the Country where the dog is registered to the Controlling Body in Australia)
2. Photocopy of the ownership certificate;
3. Photocopy of the semen collection certificate;
4. Photocopy of DoA final clearance certificate (AQIS final clearance certificate)

Signature/s of ALL registered owner/s of dog _____ Date _____

NOTE: Dogs/Semen which is required to be re-registered are not eligible to be used for breeding purposes until this application (and ALL accompanying documents listed above) are lodged and certified to be complete.

Credit Card Details Mastercard Visa Expiry Date: _____/_____ CCV No: _____

Card Number

Effective from 1st September 2008 a flat fee of \$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 of cardholder: _____

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



AUSTRALIAN NATIONAL KENNEL COUNCIL LTD

APPLICATION FOR REGISTRATION OF SEMEN

DETAILS OF SEMEN

Frozen (Please indicate)

Batch No. No. of Straws

Storage and Location

Name of Dog

Registration No. Breed

Sire Reg No.

Dam Reg No.

Markings/Colour Date of Birth

Microchip/Tattoo No. (if any)

Purchasing Owner/s Name

Address

Membership No.

DECLARATION BY OWNER/S

I/We hereby certify I/we are the registered owner/s of the above mentioned frozen semen and apply to have the semen registered in my/our name/s. I/We attach the Certificate of Collection of Semen (Form 1) and in the case of imported semen, an original or certified copy of a complete three generation pedigree of the dog issued by the ANKC recognised Overseas Canine Controlling Body in the Country of which the dog is resident in, the necessary import/quarantine documentation and in the case of a non resident dog, the completed Re-registration application and fee.

Signature/s

Date

Note: All owners are to sign this statement.

FOR OFFICE USE ONLY

REGISTRATION PAID \$ DATE RECEIPT

RE-REGISTRATION FEE (if applicable) \$



AUSTRALIAN NATIONAL KENNEL COUNCIL LTD

CERTIFICATE OF COLLECTION OF SEMEN

DETAILS OF DONOR DOG

Name of Dog

Registration No. Breed

Sire Reg No.

Dam Reg No.

Markings/Colour Date of Birth

Microchip/Tattoo No. (if any)

Owner/s Name (of Donor Dog)

Address

Membership No.

DECLARATION BY OWNER/S

I/We hereby certify I/We are the **registered owner/s** of the above mentioned dog and that on / / (date) the dog was presented to the under mentioned Semen Collector for semen collection. I/We hereby authorise the Semen Collector to undertake the collection of semen.

Name of Owner/s

Signature/s

Date

(Note: All owners are to sign this statement)

SEMEN COLLECTOR DECLARATION

I hereby certify that on / / (date) the above named dog was presented for semen collection and that semen was collected from this dog. At the time of the collection the donor dog was entire with both testes fully descended and in the scrotum.

Semen type collected: Frozen No. of Straws/Vials/Pellets collected

Signed

Name of Semen Collector

Address

Date