



DOGS NSW - ADDITIONAL PROGENY TO ACCOMPANY AN APPLICATION FOR REGISTRATION OF LITTER

PROGENY DETAILS		
Puppy #11		
1 st Choice Name:		2 nd Choice Name:
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Colour/Markings:		
Microchip Number:		
New Owner Name:		New Owner Member No:
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:		
Puppy #12		
1 st Choice Name:		2 nd Choice Name:
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Colour/Markings:		
Microchip Number:		
New Owner Name:		New Owner Member No:
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:		
Puppy #13		
1 st Choice Name:		2 nd Choice Name:
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Colour/Markings:		
Microchip Number:		
New Owner Name:		New Owner Member No:
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:		
Puppy #14		
1 st Choice Name:		2 nd Choice Name:
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Colour/Markings:		
Microchip Number:		
New Owner Name:		New Owner Member No:
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:		
Puppy #15		
1 st Choice Name:		2 nd Choice Name:
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Colour/Markings:		
Microchip Number:		
New Owner Name:		New Owner Member No:
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:		



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PROGENY DETAILS		
Puppy #16		
1 st Choice Name:		2 nd Choice Name:
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Colour/Markings:		
Microchip Number:		
New Owner Name:		New Owner Member No:
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:		
Puppy #17		
1 st Choice Name:		2 nd Choice Name:
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Colour/Markings:		
Microchip Number:		
New Owner Name:		New Owner Member No:
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:		
Puppy #18		
1 st Choice Name:		2 nd Choice Name:
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Colour/Markings:		
Microchip Number:		
New Owner Name:		New Owner Member No:
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:		
Puppy #19		
1 st Choice Name:		2 nd Choice Name:
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Colour/Markings:		
Microchip Number:		
New Owner Name:		New Owner Member No:
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:		
Puppy #20		
1 st Choice Name:		2 nd Choice Name:
Register: <input type="checkbox"/> Main Registration <input type="checkbox"/> Limited Registration	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Colour/Markings:		
Microchip Number:		
New Owner Name:		New Owner Member No:
Residential Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	(B):	(M):
Email:		