

DOGS NSW - TRANSFER APPLICATION

NOTE: This form does NOT replace the ORIC (duplicate application MUST be applied for), or	9	_		
submitted with this application. COLLECT FROM DOGS NSW OFFICE POST EXPRESS POST	☐ 1 HOUR EXPRESS ☐ 24 HOUR EXPRESS (Select either Collect or Post for all options, see Scale of Charges for fees)			
Breed:	Sex: M F N	Registration No.		
Registered Name of Dog:				
New Owner's Name: Title: First Name:		Surr	Surname:	
Address:				
Suburb:	Postcode:	Pho	ne:	
PLEASE INDICATE TRANSFER DATE:	•			
Signature/s of ALL Current Owner/s: Date:				
Signature/s of ALL NEW Owner/s:			Date:	
PAYMENT DETAILS: Credit Card type: Mastercard Visa				
Card Number			Expiry Date: / CCV No:	
I wish to donate to the RNSWCC Health My donation amount is \$			2.00 are Tax Deductible. Yes No are Charity Ltd, go to <u>www.dogsnsw.org.au</u>	
Charge my Credit Card for the amount of \$	+ \$1.00 Credit Ca	rd surcharge.		
Signature of Cardholder: Date:			Date:	
	INE COUNCIL HEALTH (5 info@caninewelfare.org.au 02			
The Royal NSW Canine Council Health and Welfa The Charity aims to do this by;	re Charity Limited was established	to prevent or r	elieve the suffering of canines.	
 Arranging short-term direct care for canines which have been lost, mistreated or are without owners; 				
 Arranging for the rehabilitation of orphaned, sick or injured canines which have been lost, mistreated or are without owners; Funding research into the causes, prevention or cure of diseases in canines; 				

Creating and endowing scholarships and fellowships; Providing education in relation to all aspects of canines;

Arranging for the training of canines to assist people who are disadvantaged