## **DOGS NSW**APPLICATION TO TRANSFER FROZEN SEMEN



This form is to be used if the original owner of the frozen semen, as registered on the DOGS AUSTRALIA Database, is transferring any part of the registered frozen semen to another party and the original semen registration certificate is to accompany this application.

**Business Address:** 

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

**Postal Address:** 

P O Box 632, St Marys NSW 1790

**DETAILS OF REGISTERED OWNER/S** 

Telephone: (02) 9834 3022 Fax: (02) 9834 3872

Website: www.dogsnsw.org.au

## PLEASE COMPLETE ALL DETAILS ON THIS FORM IN BLOCK LETTERS

I/WE MAKE AN APPLICATION TO TRANSFER FROZEN SEMEN REGISTERED ON MY/OUR BEHALF WITH DOGS NSW AND LIST BELOW DETAILS PERTAINING TO THIS TRANSFER.

TITLE			SURNAME			
RESIDENTIAL ADDRESS			SUBURB			OSTCODE
DOGS NSW MEMBERSHIP NUMBER (IF APPLICABLE)			TELEPHONE (HOME) (BUSINESS)			
DETAILS OF REGI	STERED DONOR DO	3				
REGISTERED NAME			REGISTERED No.			
BREED			BATCH No. TO BE TRANSFERRED No. OF STAWS			
DETAILS OF PERS	ON/S SEMEN TO BE	TRANSFERRE	D TO			
TITLE INITIALS			SURNAME			
RESIDENTIAL ADDRESS			SUBURB POSTCODE			STCODE
COUNTRY						
DOGS NSW MEMBERSHIP NUMBER (IF APPLICABLE)			TELEPHONE (HOME) (BUSINESS)			
SIGNATURE	OF REGISTERED OW	INED/S	EFFECTIVE DATE OF TRANSFER	DAY	MONTH	YEAR
OFFICE USE	OF REGISTERED OW		BY CREDIT CARD			
RECIEPT No.	AMOUNT	7	/ CVC	Amou	nt \$	
DATE RECEIVED	DATE TRANSFER	Cardholders	Name:			
		Card No.	-		_	-

Please refer to Dogs NSW Gazette or the website www.dogsnsw.org.au for current scale of charges.

APPLICATIONS SUBMITTED WITH INSUFFICIENT OR MISSING PAYMENT WILL BE

CHARGED AN ADMIN FEE OF \$20.00