

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.

Postal Address:
P O Box 632, St Marys NSW 1790

Telephone: (02) 9834 3022
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.

DETAILS OF REGISTERED OWNER/S

TITLE	FIRST NAME	SURNAME
RESIDENTIAL ADDRESS	SUBURB	POSTCODE
DOGS NSW MEMBERSHIP NUMBER (IF APPLICABLE)	MOBILE PHONE NUMBER	

DETAILS OF REGISTERED DONOR DOG

REGISTERED NAME	REGISTERED No.	
BREED	BATCH No. TO BE TRANSFERRED	No. OF STRAWS

DETAILS OF PERSON/S SEMEN TO BE TRANSFERRED TO

TITLE	INITIALS	SURNAME
RESIDENTIAL ADDRESS	SUBURB	POSTCODE
COUNTRY		
DOGS NSW MEMBERSHIP NUMBER (IF APPLICABLE)	MOBILE PHONE NUMBER	

EFFECTIVE DATE OF TRANSFER

DAY	MONTH	YEAR
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SIGNATURE OF REGISTERED OWNER/S

PAYMENT DETAILS:

Credit Card type: ☐ Mastercard ☐ Visa

Card Number Expiry Date: / CCV No

Name on Credit Card:

Signature of Cardholder:

Date:

Please refer to DOGS NSW 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

Royal New South Wales Canine Council Ltd ABN 69 062 986 118 Trading as DOGS NSW

01/09/25