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.

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

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