



# DOGS NSW TRANSFER OF OWNERSHIP APPLICATION

COLLECT FROM DOGS NSW OFFICE

POST

1 HOUR EXPRESS

EXPRESS POST

24 HOUR

(Select either Collect or Post Above, see Scale of Charges for all fees applicable)

Breed:	<b>Sex:</b> M <input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/>	Registration No.	
Registered Name of Dog:			
Microchip Number:			
Current Owner	Title:	First Name:	Surname:
New Owner's Name:	Title:	First Name:	Surname:
New Owners Membership Number:			
Address:			
Suburb:	Postcode:	Phone:	
PLEASE INDICATE TRANSFER DATE:			
Signature/s of ALL Current Owner/s:			Date:
Signature/s of ALL NEW Owner/s:			Date:

## PAYMENT DETAILS

Credit Card Details:  Mastercard  Visa    Expiry Date:    /    CCV No:

Card Number:

Please debit my credit card for the amount of: \$

Signature of cardholder:

This completed application should be emailed to [info@dogsnsw.org.au](mailto:info@dogsnsw.org.au)  
or mailed to, DOGS NSW, P.O. Box 632, St Marys NSW 1790