



# DOGS NSW TRANSFER OF OWNERSHIP APPLICATION

COLLECT FROM DOGS NSW OFFICE

POST

1 HOUR EXPRESS

EXPRESS POST

24 HOUR EXPRESS

## CURRENT OWNER'S DETAILS

Title:	First Name:	Surname:	
Title:	First Name:	Surname:	
Signature/s of ALL Current Owner/s:		Date	
Signature/s of ALL Current Owner/s:		Date	

## DOG'S DETAILS

Breed:	Sex: M <input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/>	Registration No.	
Registered Name of Dog:			
Microchip Number:			

## NEW OWNER'S DETAILS

New Owner's Name:	Title:	First Name:	Surname:	
New Owners Membership Number:				
Address:				
Suburb:		Postcode:	Phone:	
PLEASE INDICATE TRANSFER DATE:				
Signature/s of ALL NEW Owner/s:		Date		
Signature/s of ALL NEW Owner/s:		Date		

## PAYMENT DETAILS

Credit Card Details: <input type="checkbox"/> Mastercard <input type="checkbox"/> 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