DOGS NSW | APPLICATION FOR SPORTING REGISTER

SERVICE & DELIVERY

- ☐ COLLECT FROM DOGS NSW OFFICE
- ☐ POST
- ☐ EXPRESS POST
- ☐ 1 HOUR EXPRESS
- ☐ 24 HOUR EXPRESS
- ☐ EMAIL DIGITAL COPIES

(Select either Collect or Post, See Scale of Charges for fees)

DOG DETAILS

Dogs Registered Name:

Breed:

Sex: ☐ Male ☐ Female ☐ Neuter ☐ Spayed

Colour of dog:

Registration No:

Microchip No:

Date of Birth:

OWNER DETAILS

Name of Registered Owner(s):

Membership No:

Address:

Phone:

All Owners Signature(s): *Use Adobe Reader to click here and sign digitally*

Date:

All Owners Signature(s): *Use Adobe Reader to click here and sign digitally*

Date:

The following check list is to be completed to ensure your application is correct and contains all documents required when submitting to the office.

CHECKLIST

- ☐ Certified copy of the dog's registration, registered with one of the ANKC Ltd recognised kindred bodies as listed on the Dogs Australia website, indicating you as the registered owner/s with an NSW residential address.
- ☐ Copy of microchip / tattoo details (mandatory)
- ☐ Have all registered owner/s signed the declaration on this application?
- ☐ Applicant must be a financial member of DOGS NSW

PLEASE NOTE: If your dog is already registered as an "Associate" and you wish to register the dog on the "Sporting" Register then the original Certificate of Registration must be surrendered at the same time as you submit this application. This ensures that all titles gained as an "Associate" will be transferred to the "Sporting Register".

PAYMENT METHOD Select one • check "Scale of Charges" for current fees

OPTION 1 ☐ **Paid via DOGS NSW Secure Payment Portal**

Payment to be made at **www.dogsnsw.org.au/payments**

OPTION 2 ☐ **Bank transfer**

Please include a copy of payment with your application. Use your invoice or membership number as the reference.

Account	**DOGS NSW**	BSB	**062-597**
Bank	**CommBank**	Acc No.	**10254964**

OPTION 3 ☐ **Invoice me**

DOGS NSW will issue an invoice for the fees payable on this application. Include the email address you would like the invoice sent to.

EMAIL INVOICE TO

OPTION 4 ☐ **Credit card** Please charge my credit card

CARD TYPE ☐ Mastercard ☐ Visa

CARD NUMBER

EXPIRY (MM/YY)

CCV

AMOUNT ($)

SIGNATURE OF CARDHOLDER *Use Adobe Reader to click here and sign digitally*

DATE (DD/MM/YYYY)

HOW TO LODGE

Send your completed form to

EMAIL
Email this form to
info@dogsnsw.org.au

POST
Post to
DOGS NSW, PO Box 632, St Marys NSW 1790

PHONE
Enquiries
(02) 9834 3022