

APPLICATION TO RE-REGISTER A DOG

(IMPORTED DOG)

602 Warton Road Southern River WA 6110 Phone: 9455 1188 E-mail: k9@dogswest.com

Website: www.dogswest.com

ABN 68 580 241 497

PLEASE COMPLETE ALL DETAILS ON THIS FORM IN BLOCK LETTERS

REGISTERED NAME					REGISTERED No.		D.	ATE OF BIRTH	
BREED				SEX		C	OLOUR		
DETAILS OF RE	GISTER	ED OWNER/S	(As shown on I	Registration/	Ownership	Certifica	te).		
TITLE INITIALS				SURNAME					
Mr Mrs Miss	Ms								
RESIDENTIAL ADDRESS				SUBURB					
DOGS WEST MEMBERSHIP NUMBER				TELEPHONE (HOME)			(BUSINESS	S)	
permit", "e Australia s	xport p uch as be trar	ermit" or "imp a "Bill of Load nsferred pleas	oort permit" PI	LUS proof	of their sh	nipment	from the	n, such as a "health country of origin to OG'.	
Imported Dog or Ser	nen		DAVMENT	BY CREDIT	CABD				
(strike out the items NOT required)									
MEMBER	\$		Expiry Date:		Am	ount \$		Bankcard Mastercard	
NON MEMBER	N MEMBER \$ Cardholders N				Name: Visa				
			Card No.			-	-		
TOTAL DUE \$			Signature:						
OFFICE USE ONLY			- 0						
RECIEPT No.			AMOUNT			DATE RE	CEIVED		
DATE ENTERED			INITIAL			DATE PO	OTED		