



ABN 68 580 241 497

APPLICATION FOR A DUPLICATE OR UPDATED CERTIFICATE OF REGISTRATION

602 Warton Road Southern River 6110

Phone: 9455 1188

E-mail: k9@dogswest.com

Website: www.dogswest.com

PLEASE COMPLETE ALL DETAILS ON THIS FORM IN BLOCK LETTERS

NAME OF DOG	REG. No.
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BREED	SEX
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DETAILS OF REGISTERED OWNER

TITLE Mr Mrs Miss Ms	INITIALS	SURNAME
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RESIDENTIAL ADDRESS (must be stated)	SUBURB	POSTCODE
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CAWA MEMBERSHIP NUMBER	TELEPHONE (HOME)	(BUSINESS)
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NOTE: A declaration giving full particulars of the loss of the original **MUST** be provided in the space below. A duplicate certificate will only be issued to the registered owner of the dog. Should the original certificate be found it must be forwarded to this office for cancellation.

DECLARATION

Signature Signature Date

Witnessed by..... Signature Date

PAYMENT BY CREDIT CARD

Expiry Date: ____ / ____ Amount \$ _____

- Bankcard
- Mastercard
- Visa

Cardholders Name: _____

Card No. [] [] [] [] - [] [] [] [] - [] [] [] [] - [] [] [] []

Signature:

OFFICE USE ONLY

RECEIPT No.	DATE RECEIVED
AMOUNT	DATE POSTED

Please refer to the current fee list in the Canine News or website for applicable fees.
APPLICATIONS SUBMITTED WITH INSUFFICIENT PAYMENT WILL BE RETURNED