



# APPLICATION FOR REGISTRATION ON THE SPORTING REGISTER

602 Warton Road Southern River WA 6110  
Phone: 9455 1188  
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Website: www.dogswest.com

ABN 68 580 241 497

**PLEASE COMPLETE ALL DETAILS ON THIS FORM IN BLOCK LETTERS**

**DETAILS OF DOG TO BE REGISTERED**

REGISTERED NAME	REGISTERED No.	DATE OF BIRTH
BREED	SEX	COLOUR
MICROCHIP/TATTOO NUMBER:		

**DETAILS OF REGISTERED OWNER/S** (As shown on Registration/Ownership Certificate).

TITLE Mr Mrs Miss Ms	INITIALS	SURNAME	
RESIDENTIAL ADDRESS	SUBURB	POSTCODE	
CAWA MEMBERSHIP NUMBER	TELEPHONE (HOME)	(BUSINESS)	

Signature/s

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**PLEASE NOTE:**

1. This application must be accompanied by the following documentation:
  - Certified copy of the dog's registration, issued by one of the **'ANKC Ltd Listing of Recognised Working Dog Associations or Kindred Bodies (as referenced in Regulations Part 6 - The Register & Registrations)'** showing the registered owner/s as above, with a Western Australian residential address.
  - Copy of microchip/tattoo details either Barcode sticker or copy of paperwork
2. If the dog is already registered as on the ANKC Ltd "Associate Register" and you wish to transfer the dog to the "Sporting" Register, the original Certificate of Registration must be surrendered at the same time as this application. This ensures that all titles gained as an Associate will be transferred to the "Sporting Register".
3. The applicant must be a financial member of the Canine Association of WA Inc.

**OFFICE USE ONLY**

RECIPT No.	AMOUNT
DATE RECEIVED	DATE ENTERED
TITLES (If Associate Dog)	DATE POSTED

**PAYMENT BY CREDIT CARD**

Expiry Date: \_\_\_\_ / \_\_\_\_ Amount \$ \_\_\_\_\_

Cardholders Name: \_\_\_\_\_

Card No.        -     -     -

Signature: .....

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