



ABN 68 580 241 497

APPLICATION FOR A TITLE CERTIFICATE

602 Warton Road Southern River WA 6110

Phone: 9455 1188

E-mail: k9@dogswest.com

Website: dogswest.com

PLEASE COMPLETE ALL DETAILS ON THIS FORM IN BLOCK LETTERS

TITLE APPLIED FOR:

NAME OF DOG: REGISTRATION NUMBER:

BREED: SEX: DATE OF BIRTH:

DETAILS OF REGISTERED OWNER/S

TITLE: INITIALS: SURNAME:

POSTAL ADDRESS SUBURB POSTCODE

MEMBER NUMBER PHONE EMAIL

CONTINUED ON PAGE TWO

PAYMENT BY CREDIT/DEBIT CARD - SURCHARGES MAY APPLY APPLICATION TO INCLUDE (Indicate as required) TITLE CERTIFICATE BREEDERS CERTIFICATE UPDATED PEDIGREE (Original Certificate must be supplied) POSTAGE LAMINATING

PAYMENT BY DIRECT TRANSFER - YOU MUST PROVIDE PROOF OF PAYMENT WITH YOUR APPLICATION BSB: 036 039 Account Number: 230 123 Account Name: Dogs West Please include your name and payment type (e.g. Litter/Title/Transfer) as the payment reference. The correct payment amount must be submitted. Only once payment received in full will your application be accepted.

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

