

# DOGS QUEENSLAND

PO BOX 1136, MT OMMANEY QLD 4074  
PHONE (07) 3252 2661, FAX (07) 3252 3864

Email: info@dogsqueensland.org.au, Website: www.dogsqueensland.org.au



## APPLICATION FOR CERTIFIED PEDIGREE

**THIS APPLICATION IS TO BE USED ONLY FOR SEMEN BEING EXPORTED OVERSEAS OR FOR STUD DOGS THAT HAVE MATED A BITCH, WHICH WILL WHELP OVERSEAS.**

### DETAILS OF DOG

NAME:

REG'N. NO.:

BREED:

SEX: MALE / FEMALE

### DETAILS OF APPLICANT

NAME:

M'SHIP No.:

ADDRESS:

POST CODE:

CONTACT: (H)

(B)

(M)

SIGNATURE(S):

**(All registered owners are required to sign this application)**

DATE: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

### DETAILS OF OVERSEAS OWNER OF SEMEN / DAM

NAME:

STREET:

POST / ZIP CODE:

TOWN:

COUNTRY:

**When re-registering semen or your stud dog overseas,  
Dogs Queensland will send the ORIGINAL Certified Pedigree  
and a COPY of the Certificate of Registration.**

**PLEASE FORWARD THE COMPLETED APPLICATION  
WITH THE ORIGINAL CERTIFICATE OF REGISTRATION  
AND THE APPLICABLE FEE (REFER TO THE CURRENT  
SCALE OF CHARGES IN THE QLD DOG WORLD MAGAZINE).**

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## APPLICATION FOR CERTIFIED EXPORT PEDIGREE

### DETAILS OF DOG

NAME:	REG'N No.:
BREED:	SEX: MALE / FEMALE

ANKC rules state that all registered pedigree dogs leaving the country must be microchipped and must be over 11 weeks of age.

### Microchip ID #

### DETAILS OF APPLICANT

NAME:	M'SHIP No.:
ADDRESS:	
	POST CODE:
CONTACT NO: (H) (B) (M)	
SIGNATURE(S):	
(All registered owners are required to sign this application)	DATE: ____ / ____ / 20 ____

### DETAILS OF OVERSEAS OWNER

NAME:	
STREET:	
TOWN:	POST / ZIP CODE:
COUNTRY:	

**PLEASE FORWARD THE COMPLETED APPLICATION WITH THE ORIGINAL CERTIFICATE OF REGISTRATION AND THE APPLICABLE FEE (REFER TO THE CURRENT SCALE OF CHARGES IN THE QLD DOG WORLD MAGAZINE).**

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**CREDIT CARD PAYMENT DETAILS**

NAME: \_\_\_\_\_

MASTERCARD  VISA  (tick one box)

CARD NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXPIRY DATE: \_\_\_\_ - \_\_\_\_

AMOUNT \$ \_\_\_\_\_ CARDHOLDER'S PHONE NUMBER: \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_