

DOGS QUEENSLAND

PO BOX 1136, MT OMMANEY QLD 4074

PHONE (07) 3252 2661, FAX (07) 3252 3864 QUEENSLAND

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



APPLICATION TO TRANSFER FROZEN SEMEN

PLEASE COMPLETE ALL DETAILS ON THIS FORM IN BLOCK LETTERS.

I / WE MAKE AN APPLICATION TO TRANSFER FROZEN SEMEN REGISTERED ON MY / OUR BEHALF WITH THE CCC (Q) t/as DOGS QUEENSLAND AND LIST BELOW DETAILS PERTAINING TO THIS TRANSFER.

NAME OF DONOR DOG:	MICROCHIP NO
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BREED:	DOB ___/___/___	REGISTRATION No.:
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BATCH No. TO BE TRANSFERRED	No. OF STRAWS / VIALS
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REGISTERED OWNER(S) DETAILS:

MEMBER No.: (IF APPLICABLE)

TITLE: Dr / Mr / Mrs / Miss / Ms (CIRCLE)

GIVEN NAME(S):	SURNAME:
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ADDRESS:

POST CODE:

CONTACT NO.: (H) _____ (B) _____ (M) _____
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SEMEN TO BE TRANSFERRED TO:

MEMBER No.: (IF APPLICABLE)

TITLE: Dr / Mr / Mrs / Miss / Ms (CIRCLE)

GIVEN NAME(S):	SURNAME:
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ADDRESS:

POST CODE:

CONTACT NO: (H) _____ (B) _____ (M) _____

PLEASE CONTACT THE CCC (Q) t/as DOGS QUEENSLAND OFFICE FOR CURRENT FEES. PLEASE ENSURE PAYMENT ACCOMPANIES THIS FORM.

EFFECTIVE DATE OF TRANSFER:

DAY	MONTH	YEAR
_____	_____	20____

I / We declare that all information provided on this application is correct and in accordance with CCC (Q) t/as Dogs Queensland Rules. I / We acknowledge verification of records must be produced, if required.

Date / / 20..... Signature of Registered Owner(s):

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CREDIT CARD PAYMENT DETAILS

NAME: _____ MEMBERSHIP NUMBER: _____

MASTERCARD

VISA

(tick one box)

CARD NUMBER: ____ - ____ - ____ - ____ CARD EXPIRY DATE: ____ - ____

AMOUNT \$ _____

CARDHOLDER'S PHONE NUMBER: _____

CARDHOLDER SIGNATURE _____ Date ____ / ____ / 20____