

# 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 TO TRANSFER AN INTERSTATE BREEDER'S PREFIX TO QUEENSLAND

BREEDER'S PREFIX NAME	STATE HELD	QLD MEMBERSHIP No.
TITLE & SURNAME (Dr / Mr / Mrs / Ms / Miss)	GIVEN NAMES	
ADDRESS (Please state)	SUBURB	POST CODE
POSTAL ADDRESS (If different from above)	SUBURB	POST CODE
PHONE (Home):	PHONE (Mobile):	
Email Address:		
QLD GOVT BREEDER CONTACT (Email <u>OR</u> Phone – <u>ONE</u> of these only)	QLD LOCAL GOVT AREA (Council Name)	

- If the above Breeder's Prefix is owned in a single name Interstate, it must be transferred to Queensland in a single name.
- If the above Breeder's Prefix is owned in joint names Interstate, it must be transferred to Queensland in joint names.
- If your Breeder's Prefix is financial Interstate for the entire year, no further Prefix Maintenance fees are required at this point. Please contact the Dogs Queensland office if you have any doubt.

**Rule 23.6:** No member or person other than the member in whose name a Prefix is registered shall use such Prefix in any way and in particular, no member or other person shall be entitled to use a registered Prefix or part of a registered Prefix as the whole or any part of their business name unless such Prefix is registered in the name of that member.

I / We hereby apply for a Dogs Queensland (DQ) Breeder's Prefix. I / We certify that the information contained in this form is true and correct and that I / we have read the Rules, Code of Ethics, Code of Conduct and Codes of Practice (for Members and / or Breeders) of DQ (all available from the DQ Website or Office) and that I / we agree to be bound by them for the duration of my / our membership. I / We certify that I / we are not a disqualified or suspended member(s) of any Canine Controlling body, nor are there any outstanding matters of any kind between me/us and any Canine Controlling body. I / We agree that my / our designated details, as noted under the Animal Management (Protecting Puppies) and Other Legislation Amendment Act 2016 (the Act), will be provided to the Queensland State Government in accordance with DQ's status as an Approved Entity under the Act.

**All owners of the Breeder's Prefix must sign this application:**

Signature(s): (1) ..... (2) ..... Date: ..... / ..... / 20.....

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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\_\_\_\_