

LITTER REGISTRATION FORM

Dogs West
602 Warton Road Southern River 6110 E-mail:
k9@dogswest.com Website: www.dogswest.com

Breed / Variety to be Registered

Breeder's M/ship No.

Name of Sire of this Litter

Registration No.

Date of Mating

Name of Dam of this Litter

Registration No.

Date Litter Born

Breeder's Prefix

No. of Pups Born

No. of Pups Living

Breeder's Name _____ Phone _____

Address _____ Post Code _____

I/We, the breeder/s, certify that to the best of my/our knowledge and belief the information provided is correct according to my/our records and I/we agree to become bound by the Rules and Regulations of the Canine Association of WA and any decisions made by the CAWA in respect to this application.

Breeder/s Signature(s) : _____

DECLARATION TO BE COMPLETED BY THE OWNER(S) OF THE SIRE

(as of 1st October 2006 must be Financial Member of a State Controlling Body)

I/We certify that my/our male dog _____ Reg No. _____
is visibly entire (see below for definition), and _____

Served the bitch _____ Reg No. _____

On date of first service _____ / _____ / _____

Stud Dog Owner(s) _____ Membership No. _____

Address _____ Post Code _____

Signature(s) _____ / _____ / _____

IMPORTANT DO YOU REQUIRE A TAX INVOICE: YES / NO

1. TO BE COMPLETED IN TYPE OR LEGIBLE BLOCK LETTERS.
2. All litters must be registered - registration after four months will incur a penalty fee. No litter shall be accepted after six (6) months from the date of birth without prior approval of the Administrative Officer.
3. No name including the Prefix shall exceed thirty (30) letters and/or spaces.
4. Additions to a litter already registered are not permitted - refer Regulation R2.5
5. Transfer/s to new owner/s are to be endorsed on the back of the original Certificate/s of Registration, forwarded to the office with the applicable fee and in accordance with CAWA Regulation R11
6. CHOOSE M/R = MAIN REGISTER or L/R = LIMITED REGISTER.

FEES:

Litter Record	\$	DATE RECEIVED
Main Register per puppy	\$	_____
Limited Reg. per puppy	\$	RECEIPT NUMBER
Penalties	\$	_____

PAYMENT BY CREDIT CARD

Expiry Date: _____ / _____ Amount \$ _____
Cardholders Name: _____
Card No. - - -
Signature: _____

- ☐ Bankcard
☐ Mastercard
☐ Visa

TOTAL DUE \$ _____

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