

LITTER REGISTRATION FORM

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

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 is visibly entire (refer R17.1) _____	Reg No. _____
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:		DATE RECEIVED	
Limited Reg. per puppy	\$		
Main Register per puppy	\$		
Penalties	\$	RECEIPT NUMBER	
Fast Track	\$		

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