



# APPLICATION TO TRANSFER A DOG

602 Warton Rd Southern River WA 6110

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Website: www.dogswest.com

ABN 68 580 241 497

**PLEASE COMPLETE ALL DETAILS ON THIS FORM IN BLOCK LETTERS AND ATTACH ORIGINAL CERTIFICATE OF REGISTRATION**  
**IT IS THE VENDOR'S RESPONSIBILITY TO COMPLETE THIS APPLICATION AND PAY THE ASSOCIATED FEES.**

### DETAILS OF DOG TO BE TRANSFERRED

REGISTERED NAME	REGISTERED No.
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BREED	DATE OF BIRTH
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### DETAILS OF NEW OWNER/S

TITLE Mr Mrs Miss Ms	INITIALS	SURNAME
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RESIDENTIAL ADDRESS	SUBURB	POSTCODE
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DOGS WEST MEMBERSHIP NUMBER (IF APPLICABLE)	TELEPHONE (HOME)	(BUSINESS)
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I/We being the present registered owner/s have disposed of the dog to the person/s named above and hereby apply to register the transfer.

Signature ..... Signature .....

DOGS WEST MEMBERSHIP No. OF VENDOR/S	<b>EFFECTIVE DATE OF TRANSFER</b>	DAY	MONTH	YEAR

### PAYMENT BY CREDIT CARD

#### FEES

#### WITHIN 60 DAYS OF EFFECTIVE DATE

MEMBER \$  
 NON MEMBER \$

#### AFTER 60 DAYS OF EFFECTIVE DATE

MEMBER \$  
 NON MEMBER \$

**TOTAL DUE \$**

Expiry Date: \_\_\_\_ / \_\_\_\_ Amount \$ \_\_\_\_\_  
 Cardholders Name: \_\_\_\_\_  
 Bankcard  
 Mastercard  
 Visa

Card No. [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

Signature: .....

### OFFICE USE ONLY

RECEIPT No.	AMOUNT	DATE RECEIVED
DATE ENTERED	INITIAL	DATE POSTED

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