



602 Warton Road Southern River 6110

Phone: 9455 1188

E-mail: k9@dogswest.com

Website: www.dogswest.com

PLEASE COMPLETE ALL DETAILS ON THIS FORM IN BLOCK LETTERS

| | | |
|-------------|------------------|---------------|
| NAME OF DOG | | REG. No. |
| BREED | NEUTER REGISTER? | DATE OF BIRTH |

| | | | | |
|--------------------------------------|--|-----------------------------|---------|----------|
| TITLE Mr Mrs Miss Ms | | INITIALS | SURNAME | |
| RESIDENTIAL ADDRESS (must be stated) | | SUBURB | | POSTCODE |
| DOGS WEST MEMBERSHIP NUMBER | | TELEPHONE (HOME) (BUSINESS) | | |

Please attach a copy of the Challenge Certificates (originals or copies). If you are missing any challenge certificates please attend the office to verify the details submitted from the catalogue of the event.

[illegible]

(Indicate as required)

| | |
|----------------------------|---------|
| TITLE CERTIFICATE | \$ |
| BREEDERS CERTIFICATE | \$ |
| UPDATED CERTIFIED PEDIGREE | |
| (Attach Original) | \$ |
| POSTAGE | \$ 2.50 |

(If postage is not paid, Certificate will be held in the office for collection).

ADD (if required)

LAMINATING

| | |
|----------------------|---------|
| Title Certificate | \$ 3.00 |
| Breeders Certificate | \$ 3.00 |

Expiry Date: / Amount \$

Cardholders Name:

| | | | | | | | | | | | | | | | |
|----------|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|
| Card No. | | | | — | | | | — | | | | — | | | |
|----------|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|

Signature: _____

| RECEIPT No. | DATE REC. | DATE ENTERED | DATE POSTED |
|-------------|-----------|--------------|-------------|
|-------------|-----------|--------------|-------------|

TOTAL FEES ENCLOSED \$

Please refer to the current fee list in the Canine News or website for applicable fees.

APPLICATIONS SUBMITTED WITH INSUFFICIENT PAYMENT WILL BE RETURNED