

APPLICATION TO TRANSFER FROZEN SEMEN \$39.00

This form is to be used if the original owner of the frozen semen, as registered on the ANKC Database, is transferring any part of the registered frozen semen to another party.



Business Address :
The Victorian Canine Association Inc.
655 Westernport Hwy, Skye 3977
 Postal Address:
Locked Bag K9, Cranbourne 3977

Telephone: 9788 2500
 Fax: 9788 2599
www.dogsvictoria.org.au
office@dogsvictoria.org.au

PLEASE COMPLETE ALL DETAILS ON THIS FORM IN BLOCK LETTERS

I/WE MAKE AN APPLICATION TO TRANSFER FROZEN SEMEN REGISTERED ON MY/OUR BEHALF WITH DOGS VICTORIA AND LIST BELOW DETAILS PERTAINING TO THIS TRANSFER.

DETAILS OF REGISTERED OWNER/S

TITLE Mr Mrs Miss Ms	INITIALS	SURNAME	
RESIDENTIAL ADDRESS		SUBURB	POSTCODE
DOGS VICTORIA MEMBERSHIP NUMBER	TELEPHONE (HOME)		(BUSINESS)

DETAILS OF REGISTERED DONOR DOG

REGISTERED NAME	REGISTERED No.
BREED	NO. OF STRAWS/VIALS (indicate which)

DETAILS OF PERSON/S SEMEN TO BE TRANSFERRED TO

TITLE Mr Mrs Miss Ms	INITIALS	SURNAME	
RESIDENTIAL ADDRESS		SUBURB	POSTCODE
DOGS VIC MEMBERSHIP NUMBER	TELEPHONE (HOME)		(BUSINESS)

_____ SIGNATURE OF REGISTERED OWNER/S (all owners of semen must sign)	EFFECTIVE DATE OF TRANSFER	DAY	MONTH	YEAR

PAYMENT BY CREDIT CARD

Expiry Date: ____ / ____ Amount \$ _____
 Mastercard
 Visa

Cardholders Name: _____

Card No.

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Signature: _____

Please refer to DOGS Victoria website www.dogsvictoria.org.au for current scale of charges.
 APPLICATIONS SUBMITTED WITH INSUFFICIENT PAYMENT WILL BE RETURNED
 The Victorian Canine Association Inc. A00223882W