

APPLICATION TO TRANSFER DOG ON TO THE NEUTER REGISTER

| CHECK LIST | THE FOLLOWING CHECK LIST IS TO BE COMPLETED TO ENSURE YOUR APPLICATION IS CORRECT AND CONTAINS ALL DOCUMENTS REQUIRED WHEN SUBMITTING TO THE OFFICE. | | | | |
|--|---|--|-------------------|---------|--|
| | ☐ The Original Certificate of Registration and Pedigree for the dog identified below MUST accompany this application to enable the certificate to be stamped "Neuter" and returned. | | | | |
| | A Veterinary Certificate of Sterilisation, identifying the dog named below by microchip number, MUST accompany this application. | | | | |
| | ☐ Have all Registered Owner/s signed the declaration on this application | | | | |
| | | | | | |
| DOG DETAILS | Breed | | | | |
| | Registered Name | | | | |
| | Registered Number | | | | |
| | Sex | | | | |
| | I/we: being the registered owner/s of the above named dog, make an application to register the above named dog on the Dogs Victoria file as Neuter. | | | | |
| | ☐ I/we understand that I/we will only be permitted to exhibit this dog at conformation shows in the neuter classes. | | | | |
| | ☐ I/we understand that only dogs on the main register are eligible for exhibition at a recognised show. | | | | |
| OWNERS DETAILS | Full Name | | | bership | |
| | Signature | | Number Telephone | | |
| | Other Owner | | Membership | | |
| | Signature | | Number Telephone | | |
| | Oignature | | TOICE | | |
| ☐ TO BE MAILED (STANDARD) ☐ TO BE MAILED (EXPRESS) ☐ TO BE COLLECTED | | | | | |
| | | | | | |
| Card Number | | | | | |
| Expiry Date | | | CCV | | |
| Cardholders Name | | | Total | | |
| Signature | | | | | |
| TICK here to OPT OUT of this Facility Fund Levy | | | | | |