



TASMANIAN CANINE ASSOCIATION INC
APPLICATION FOR TRANSFER OF SEMEN

DETAILS OF SEMEN (3)

Frozen or Chilled *(Please indicate)*

No. of Vials **Storage and Location**

Name of Dog

Registration No. **Breed**

Sire **Reg No.**

Dam **Reg No.**

Markings/Colour **Date of Birth**

Microchip/Tattoo No. *(if any)*

New Owner/s of Semen

Address

Membership No.

DECLARATION BY CURRENT OWNER/S OF SEMEN

I/We hereby certify I/We are the registered owner/s of the above mentioned semen and apply to have the semen transferred into the above name. I/We attach the Certificate of Semen form.

Signature/s

Date

Note: All owners are to sign this statement. This form is required to be completed for all semen to be registered, whether collected locally or overseas. All semen MUST be registered within 18 months of the date of collection or importation.

TRANSFER OF SEMEN FEE: \$31.00

PAYMENT BY CREDIT CARD

Please debit my Mastercard Visa For the amount of \$.....

Card expiry date ____/____ CVC Number ____ (Last 3 digits on reverse of card)

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Card Holder Name: Signature: