

Tasmanian Canine Association Inc.

Application for Registration Associate Register

| | | |
|--------------|--------------------------------|------------------------|
| | Registration No.: | |
| | | <i>Office use only</i> |
| Name: | | |
| | One word maximum of 12 letters | |

| | | | |
|-----------------------|---|-----------------------|--|
| | | | |
| | | | <i>Breed your dog resembles if known</i> |
| Sex: DESEXED | | Microchip No.: | |
| | <i>Male or Female</i> | | |
| Date of Birth: | | | Tattoo: |
| | <i>Please supply year of birth if known</i> | | <i>Number or symbol</i> |
| Colour: | | | Date Registered: |
| | | | <i>Office use only</i> |

Sire:
unknown

Dam:
unknown

Breeder:
unknown

A certificate from a qualified Veterinarian certifying this dog has been DESEXED must accompany this application.

| | |
|-----------------------------------|--|
| Declaration from the owner | I certify the information contained in this application is correct |
| Signature: | |

Title and Initial: _____ **Member No.:** _____

Surname: _____

Address: _____

Instructions: Please complete the application form and ensure the declaration is signed. **The owner of the dog must be a financial member of the TCA Inc.** and both the registration fee of \$38.00 and Veterinary Certificate must accompany this application before it will be processed.

Send To: Tasmanian Canine Association Inc.
PO Box 116
GLENORCHY. 7010