

DETAILS OF SEMEN (3)

TASMANIAN CANINE ASSOCIATION INC

APPLICATION FOR TRANSFER OF SEMEN

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 Sem	en
Address	
	DECLARATION BY CURRENT OWNER/S OF SEMEN
Signature/s	ove name. I/We attach the Certificate of Semen form.
Date	
	to sign this statement. This form is required to be completed for all semen to be registered the control of the date of collection of the date o
TRANSFER OF SEM	·
	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)
Card Holder Name: _	Signature: