Tasmanian Canine Association Inc.

Application for Registration Associate Register

	, .550016101		
		Registration No.:	
			Office use only
Name:			
	One word maxim	num of 12 letters	
		Drood	your dog resembles if known
Sovi	DESEXED	Microchip No.:	your dog resembles II known
Sex.	Male or Female	Microchip No	
Date of Birth:			Tattoo:
Please supply year			Number or symbol
Colour:			Date Registered:
			Office use only
Sire:			
	unknown	Bree	eder:
Dam:		uı	nknown
	unknown		
A certificate from a accompany this ap	-	ertifying this dog has been	DESEXED must
Declaration	I certify the information	contained in this application	on is correct
from the owner			
Signature:	•		
Oignature.			
Title and Initial			Mambar No.
Title and Initial:			Member No.:
Surname:			
Addiess.			
Instructions:	tructions: Please complete the application form and ensure the declaration is signed.		
owner of the dog must be a financial member of the TCA Inc. and be			•
		and Veterinary Certificate m	
	application before it will be	•	

Send To: Tasmanian Canine Association Inc.

PO Box 116

GLENORCHY. 7010