

DOGS TASMANIA APPLICATION FOR LITTER REGISTRATION

ALL LIVING PROGENY MUST BE REGISTERED ON THE APPLICATION

IMPORTANT INFORMATION NOTE: The registered ownership of both the "Prefix" and Dam of this litter **MUST** be identical.

PUPPIES MUST BE MICROCHIPPED PRIOR TO REGISTRATION

NAMING OF DOGS

- Each dog registered in the register shall be allotted a unique name which shall be comprised of the breeder's prefix followed by any other number of words, provided that the total number of characters in the name including spaces between the words does not exceed thirty (30).
- A dog may not have a registered name that:
 - (a) is identical with or deceptively similar to an existing registered name;
 - (b) in the opinion of the Executive Officer is misleading, unsuitable or objectionable.
 - (c) Comprises or includes the following: -"imp" hyphens, apostrophes, Roman Numerals. Numbers written as a word are permissible provided it is clear that it does not represent a numerical sequence.
- No word that is in the nature of a known prefix and no prefix except the breeder's registered prefix may be used in a dog's name.
- If a 2nd choice name is not provided and 1st choice is rejected, then a name may be selected and registered for you.
- Microchip/tattoo details as provided on this litter registration will be recorded on the Certificate of Registration & Pedigree. If incorrect details are provided and are required to be corrected a fee will apply.

PLEASE NOTE Limited Registered dogs that do not comply with the relevant ANKC Breed Standard will **NOT** be permitted to be transferred to the Main Register

PAYMENT BY CREDIT CARD

Expiry Date: _____ / _____ Amount \$ _____ Mastercard

Cardholders Name: _____ Visa

_____-_____-_____

Signature:

FEES: - PER PUPPY

Main Register & Limited Register
Birth – 90 Days **\$73.00**
Over 90 days – 6 months **\$95.00**
Please refer to TCA Inc Gazette for the fees to register dogs outside these ranges.

Dogs Tasmania PO Box 116, Glenorchy, Tas 7010 Phone: 0362729443 (10 am-2 pm Mon-Fri)
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DOGS TASMANIA APPLICATION FOR LITTER REGISTRATION

ALL LIVING PROGENY MUST BE REGISTERED ON THIS FORM

BREED / VARIETY TO BE REGISTERED						BREEDER'S NAME	
BREEDER'S PREFIX						BREEDER'S MEMBERSHIP No.	
NAME OF SIRE OF LITTER						REGISTRATION No.	
NAME OF DAM OF LITTER						REGISTRATION No.	
DATE OF MATING			DATE LITTER BORN			NUMBER OF PUPPIES LIVING	
DAY	MONTH	YEAR	DAY	MONTH	YEAR	DOGS	BITCHES

SERVICE CERTIFICATE - Declaration to be signed by the Owner/s of the Sire/Semen

I/We as owner(s) of the Sire/Semen (shown above), registered on the Main Register of the ANKC National Database, with the number shown declare that this dog serviced/inseminated the bitch as shown here (service dates) and declare that the dog is entire, that is, has two apparently normal testicles descended into the scrotum, and declare that I/We were financial members with an ANKC Affiliated body prior to and at the time of mating. **ALL REGISTERED OWNERS MUST SIGN.**

Name Signed Member No.

Name Signed Member No.

Name Signed Member No.

Address Post Code

Telephone No. Mobile No. Date / /

DECLARATION TO BE SIGNED BY THE BREEDER(S)/OWNERS

1. I/We certify that this application is in compliance with Dogs Tasmania Regulations..
2. I/We acknowledge and agree that if this application contains any incorrect information all or any of the dogs referred to therein may at any time be suspended or deregistered in accordance with the Regulations.
3. I/We agree to become bound by the Regulations of Dogs T a s m a n i a and decisions of the Council of the Tasmanian Canine Association Inc (trading as Dogs Tasmania).
4. I/We have read the adopted ANKC Breed Standard and declare *to the best of my/our knowledge*, the colour of the progeny being registered on the Main Register conforms to the breed's accepted colours at the time of registration.
5. **ALL REGISTERED OWNERS MUST SIGN.**

Signed Signed

Address Post Code

Mobile No. Email address Date / /

**ARTIFICIAL INSEMINATION: 1. FROZEN SEMEN - ANKC LTD CERTIFICATE OF USE IS TO BE ATTACHED TO THIS APPLICATION
2. CHILLED/FRESH - COMPLETE THE SECTION ON PAGE 2 OF THIS APPLICATION**

ARTIFICIAL INSEMINATION

If the above progeny are the result of artificial insemination using fresh or chilled semen the approved person MUST complete the details as set out below and the above progeny will be registered with "(AI)" after the name.

I certify that I artificially inseminated the bitch as indicated as the "Dam" on this application: Reg. No. with semen taken from the "Sire" as indicated on this application:
Reg. No. -Signed: Date:

MICROCHIP IMPLANTATION DECLARATION

This is to verify that a Veterinary Surgeon/Approved Implanter microchipped the puppies as described on this form.
Signed Date

PROGENY DETAILS PUPPY ONE

Register <input type="checkbox"/> Main Register <input type="checkbox"/> Limited Register		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:		2 nd Choice Name:	
Colour/Markings		Microchip	
New Owner Name: Mr/Mrs/Miss/Ms (please indicate)		New Owner Mbr No(if applicable)	
Address:			
State	Postcode	Country (if overseas)	
Phone(H)	(B)	(M)	
Email:		Endorsement <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	

PROGENY DETAILS PUPPY TWO

Register <input type="checkbox"/> Main Register <input type="checkbox"/> Limited Register		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:		2 nd Choice Name:	
Colour/Markings		Microchip	
New Owner Name: Mr/Mrs/Miss/Ms (please indicate)		New Owner Mbr No(if applicable)	
Address:			
State	Postcode	Country (if overseas)	
Phone(H)	(B)	(M)	
Email:		Endorsement <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	

PROGENY DETAILS PUPPY THREE

Register <input type="checkbox"/> Main Register <input type="checkbox"/> Limited Register		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:		2 nd Choice Name:	
Colour/Markings		Microchip	
New Owner Name: Mr/Mrs/Miss/Ms (please indicate)		New Owner Member No(if applicable)	
Address:			
State	Postcode	Country (if overseas)	
Phone(H)	(B)	(M)	
Email:		Endorsement <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	

PROGENY DETAILS PUPPY FOUR

Register <input type="checkbox"/> Main Register <input type="checkbox"/> Limited Register		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:		2 nd Choice Name:	
Colour/Markings		Microchip	
New Owner Name: Mr/Mrs/Miss/Ms (please indicate)		New Owner Mbr No(if applicable)	
Address:			
State	Postcode	Country (if overseas)	
Phone(H)	(B)	(M)	
Email:		Endorsement <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	

PROGENY DETAILS PUPPY FIVE

Register <input type="checkbox"/> Main Register <input type="checkbox"/> Limited Register		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:		2 nd Choice Name:	
Colour/Markings		Microchip	
New Owner Name: Mr/Mrs/Miss/Ms (please indicate)		New Owner Mbr No(if applicable)	
Address:			
State	Postcode	Country (if overseas)	
Phone(H)	(B)	(M)	
Email:		Endorsement <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	

PROGENY DETAILS PUPPY SIX

Register <input type="checkbox"/> Main Register <input type="checkbox"/> Limited Register		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:		2 nd Choice Name:	
Colour/Markings		Microchip	
New Owner Name: Mr/Mrs/Miss/Ms (please indicate)		New Owner Mbr No(if applicable)	
Address:			
State	Postcode	Country (if overseas)	
Phone(H)	(B)	(M)	
Email:		Endorsement <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	

DOGS TASMANIA APPLICATION FOR REGISTRATION OF

PROGENY DETAILS PUPPY SEVEN

Register <input type="checkbox"/> Main Register <input type="checkbox"/> Limited Register		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:		2 nd Choice Name:	
Colour/Markings		Microchip	
New Owner Name: Mr/Mrs/Miss/Ms (please indicate)		New Owner Mbr No(if applicable)	
Address:			
State	Postcode	Country (if overseas)	
Phone(H)	(B)	(M)	
Email:		Endorsement <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	

PROGENY DETAILS PUPPY EIGHT

Register <input type="checkbox"/> Main Register <input type="checkbox"/> Limited Register		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:		2 nd Choice Name:	
Colour/Markings		Microchip	
New Owner Name: Mr/Mrs/Miss/Ms (please indicate)		New Owner Mbr No(if applicable)	
Address:			
State	Postcode	Country (if overseas)	
Phone(H)	(B)	(M)	
Email:		Endorsement <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	

PROGENY DETAILS PUPPY NINE

Register <input type="checkbox"/> Main Register <input type="checkbox"/> Limited Register		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:		2 nd Choice Name:	
Colour/Markings		Microchip	
New Owner Name: Mr/Mrs/Miss/Ms (please indicate)		New Owner Mbr No(if applicable)	
Address:			
State	Postcode	Country (if overseas)	
Phone(H)	(B)	(M)	
Email:		Endorsement <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	

**DOGS TASMANIA APPLICATION FOR REGISTRATION OF****PROGENY DETAILS PUPPY TEN**

Register <input type="checkbox"/> Main Register <input type="checkbox"/> Limited Register	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:	2 nd Choice Name:	
Colour/Markings	Microchip	
New Owner Name: Mr/Mrs/Miss/Ms (please indicate)	New Owner Mbr No(if applicable)	
Address:		
State	Postcode	Country (if overseas)
Phone(H)	(B)	(M)
Email:	Endorsement <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	

PROGENY DETAILS PUPPY ELEVEN

Register <input type="checkbox"/> Main Register <input type="checkbox"/> Limited Register	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:	2 nd Choice Name:	
Colour/Markings	Microchip	
New Owner Name: Mr/Mrs/Miss/Ms (please indicate)	New Owner Mbr No(if applicable)	
Address:		
State	Postcode	Country (if overseas)
Phone(H)	(B)	(M)
Email:	Endorsement <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	

PROGENY DETAILS PUPPY TWELVE

Register <input type="checkbox"/> Main Register <input type="checkbox"/> Limited Register	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
1 st Choice Name:	2 nd Choice Name:	
Colour/Markings	Microchip	
New Owner Name: Mr/Mrs/Miss/Ms (please indicate)	New Owner Mbr No(if applicable)	
Address:		
State	Postcode	Country (if overseas)
Phone(H)	(B)	(M)
Email:	Endorsement <input type="checkbox"/> Not for Export <input type="checkbox"/> Not for Breeding	