Tasmanian Canine Association Inc.

Application for Registration Associate Register

		9		
		Registration No.:		
			Office use only	
Name:				
	One word may	_ imum of 12 letters		
One word maximum of 12 letters				
			Breed your dog resembles if known	
Sex:	DESEXED	Microchip No.:		
	Male or Female			
Date of Birth:			Tattoo:	
Please supply year Colour:			Number or symbol Date Registered:	
Colour.			Office use only	
Sire:			,	
	unknown	Bre	eder:	
Dam:		u	nknown	
	unknown			
A certificate from a accompany this ap	•	certifying this dog has been	DESEXED must	
Declaration	I certify the informatic	on contained in this applicati	on is correct	
from the owner				
Cianoturo				
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 \$44.00 and Veterinary Certificate must accompany this			
	application before it will		ust accompany this	
	application before it will	ne hincessed.		

Send To: Tasmanian Canine Association Inc.

PO Box 116

GLENORCHY. 7010