

THE WORKING KELPIE COUNCIL OF AUST INC.

PO Box 306, Castle Hill NSW 1765, Ph 02 9899 9224, Fax 02 9894 2140, Email: admin@wkc.org.au Homepage: www.wkc.org.au

Application for Registration

This is an interactive form. Save this form to your PC then close this online form and open the one you saved to your PC. You can then submit the completed form by E-mail or print the completed form and Fax it to the WKC. Some fields are mandatory (* indicates a required field).

* Name of Dog	Tattoo:	* Colour:	* DOB:	* Sex:
			(dd/mm/yyyy)	
		G.Sire No:	* G Sire Nam	e:
Sire No:	* Sire Name:			
		G Dam No:	* G Dam Nan	ne:
		G Sire No:	* G Sire Nam	e:
Dam No:	* Dam Name:			
		G Dam No:	* G Dam Nan	ne:
* Litter Born:		Enter date (dd/mm/yyyy)		
Certificate of Se Details of Dogs		his has already been lodged	or if Sire is owned by	the breeder)
Dog Nam	ne:	Registr	ation No.:	
Owned k	oy:			
Was serviced b	oy:	Registr	ation No.:	

Dates of Service 1st service:	2nd service:	3rd service:	
(dd/mm/yyyy)	(dd/mm/yyyy)	(dd/mm/yyyy)	
Owner Details			
* Name:	E-mail Address:		
* Property/Street:	* City:		
* State:	* Postcode:		
Country:			
shown are true and	dog hereby declare that the above mentioned correct t the above mentioned dog was sold	d particulars and pedigree	
Date of sale:	(dd/mm/yyyy)		
Breeder's Address Details			
* Name:	E-mail Address:		
Property/Street:	* City:		
* State:	* Postcode:		
Country:			
New Owner Address Details			
* Name:	E-mail Address:		
* Property/Street:	* City:		
* State:	* Postcode:		
Country:			
our Contact Details			
Phone No.:	Phone or Mobile number		

Payment Members Only	Dog under 18 months I authorise the WKC to charge	the cost (\$35.00) of	the registration to my accour	nt		
Members Only	Dog over 18 months I authorise the WKC to charge the cost (\$45.00) of the registration to my account					
Non Members	Dog under 18 months I authorise the WKC to charge the cost (\$35.00) of the registration to my credit card					
Non Members	Dog over 18 months I authorise the WKC to charge the cost (\$45.00) of the registration to my credit card					
redit Card Detai Credit Card Type	ls: Non Members must complet Master Card	e this section Visa	Amex			
Name on Card:						
Expiry Date: mm/yy						
Card Number:						
	vill only be accepted in accordance w ner submit the completed form by E-n		_			
Tou Can eiti	iei subiliit tile completed form by E-fi	ан ог рин ине сотпріец	eu ioiiii anu rax il lo lile WNG.			
Prici r Initia	ng: I registration of unregistered parents - :	\$35				

Registration of individual parents (under 18 month of age) - \$35 Registration of individual parents (over 18 months of age) - \$45

Your Comments: Please add any comments that are not already covered by this form