



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).

Details of Dog

* Name of Dog: _____ Tattoo: _____ * Colour: _____ * DOB: _____ * Sex: _____
(dd/mm/yyyy)

G.Sire No: _____ * G Sire Name: _____

Sire No: _____ * Sire Name: _____

G Dam No: _____ * G Dam Name: _____

G Sire No: _____ * G Sire Name: _____

Dam No: _____ * Dam Name: _____

G Dam No: _____ * G Dam Name: _____

* Litter Born: _____ Enter date (dd/mm/yyyy)

Certificate of Service (Not required if this has already been lodged or if Sire is owned by the breeder)

Details of Dogs

Dog Name: _____ Registration No.: _____

Owned by: _____

Was serviced by: _____ Registration 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:** _____

*** Breeder's Declaration**

I the breeder of the dog hereby declare that the above mentioned particulars and pedigree shown are true and correct

I further declare that the above mentioned dog was sold

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:** _____

Your Contact Details**Phone No.:** _____ Phone or Mobile number

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

*** Payment**

Members Only Dog under 18 months
I authorise the WKC to charge the cost (\$15.00) of the registration to my account

Members Only Dog over 18 months
I authorise the WKC to charge the cost (\$25.00) of the registration to my account

Non Members Dog under 18 months
I authorise the WKC to charge the cost (\$15.00) of the registration to my credit card

Non Members Dog over 18 months
I authorise the WKC to charge the cost (\$25.00) of the registration to my credit card

Credit Card Details: Non Members must complete this section

Credit Card Type	Master Card	Visa	Amex
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Name on Card: _____

Expiry Date:
mm/yy _____

Card Number: _____

You can either submit the completed form by E-mail or print the completed form and Fax it to the WKC.