

THE WORKING KELPIE COUNCIL OF AUST INC.

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Application for Registration and Transfer of a Litter

This form is for the first registration and transfer of ownership of dogs and pups. Some fields are mandatory (* indicates a required field). If any information is unknown type 'unknown' into that field. **Please note:** If the Sire is not owned by the applicant a separate <u>Certificate of Service</u> must be completed.

This is an interactive form. Complete the form online. You can then submit the completed form by E-mail or print the completed form and Fax it to the WKC.

Litter Information No. Males: No. Females: **Total No. in Litter: Stud Information** * Stud Name for Litter: **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)

*Litter Details (Complete a section	on for each dog)				
1: Given Name:	Tattoo:	Colour:	Sex:	Transfer Date:	
New Owner Details				Enter date (dd/mm/yyyy)	
Name:	Email Addre	ess:	Property/Street:		
City:	State:	Postcode:	Country:		
2: Given Name:	Tattoo:	Colour:	Sex:	Transfer Date:	
New Owner Details				Enter date (dd/mm/yyyy)	
Name:	Email Addre	ess:	Property/Street:		
City:	State:	Postcode:	Country:		
3: Given Name:	Tattoo:	Colour:	Sex:	Transfer Date:	
New Owner Details				Enter date (dd/mm/yyyy)	
Name:	Email Addre	Email Address:		Property/Street:	
City:	State:	Postcode:	Country:		
4: Given Name:	Tattoo:	Colour:	Sex:	Transfer Date:	
New Owner Details				Enter date (dd/mm/yyyy)	
Name:	Email Address:		Property/Street:		
City:	State:	Postcode:	Country:		

5: Given Name:	Tattoo:	Colour:	Sex:	Transfer Date:	
New Owner Details				Enter date (dd/mm/yyyy)	
Name:	Email Addre	ess:	Property/Street:		
City:	State:	Postcode:	Country:		
6: Given Name:	Tattoo:	Colour:	Sex:	Transfer Date:	
New Owner Details				Enter date (dd/mm/yyyy)	
Name:	Email Addre	ess:	Property/Street:		
City:	State:	Postcode:	Country:		
7: Given Name:	Tattoo:	Colour:	Sex:	Transfer Date:	
New Owner Details				Enter date (dd/mm/yyyy)	
Name:	Email Addre	ess:	Property/Street:		
City:	State:	Postcode:	Country:		
8: Given Name:	Tattoo:	Colour:	Sex:	Transfer Date:	
New Owner Details				Enter date (dd/mm/yyyy)	
Name:	Email Addre	Email Address:		Property/Street:	
City:	State:	Postcode:	Country:		

9: Given Name: New Owner Details Name:		Tattoo:	Colour:	Sex:	Transfer Date:
		Email Address:		Property	Enter date (dd/mm/yyyy) //Street:
City:		State:	Postcode:	Country:	
	I hereby declare that the ab make application for the reg	•			•
	W.K.C. I hereby declare that the ab	ove-mentioned tatto	oos have been affi	xed.	
	I hereby declare that the ab	ove-mentioned tatto	os will be affixed		
	I declare the dogs will be NO Register. I hereby undertake to be res to supply names and addres	sponsible for the tran	ısfer fee on each p	oup not reta	ined for my/our use and
*Payment N	lethod: I will mail a cheque for the c	correct amount.			
	I authorise the WKC to char	ge the cost of the reg	gistration and/or t	ransfer to r	ny account.
	I have Bank directed the cosas a reference).	st to the WKC. BSB: 0	32 087, A/C: 9905	691. (Please	include your full name
	I give permission for the Wk	C to charge the cost	of this litter regis	tration to m	ny card.
	Credit Card Number:	Expiry:	Name or	n Card:	
Certificate of	This form must be completed f Service must be completed ROMAN NUMERALS CAN BE	I. PLEASE KEEP AN UI	P TO DATE LIST OF	NAMES US	-
	lress Details: lame:	*	E-mail Address:		
*Property/S	treet:		*City:		
*(State:		Postcode:		
*Sign	 ature:				

You can either submit the completed form by E-mail or print the completed form and Fax it to the WKC. If you have difficulty send this form by E-mail, save the completed from to your PC and send it as an attachment to your E-mail.

Pricing:

Registration and transfer of whole litter: Under 8 months of age - \$35 Over 18 months of age - \$45