



## 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](mailto:admin@wkc.org.au)  
Homepage: [www.wkc.org.au](http://www.wkc.org.au)

### Application for Registration: Single Dog

This form *must* be completed and submitted by the breeder.

#### Details of Dog

Name of Dog: \_\_\_\_\_

WKC Tattoo Symbol: \_\_\_\_\_ Microchip \_\_\_\_\_ Colour: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex Male /Female (please tick)

If you do not know the WKC registration numbers of all the dogs below, please contact WKC for assistance.

Sire WKC Reg No	Sire Name	Grand Sire WKC Reg No	Grand Sire Name
.....	.....	.....	.....
		Grand Dam WKC Reg No	Grand Dam Name
		.....	.....
Dam WKC Reg No	Dam Name	Grand Sire WKC Reg No	Grand Sire Name
.....	.....	.....	.....
		Grand Dam WKC Reg No	Grand Dam Name
		.....	.....

## **Applicant Details (Breeder)**

Name: \_\_\_\_\_

WKC Registered Prefix: \_\_\_\_\_

WKC Tattoo Symbols: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

## **Sale Details**

**Complete this section if this dog has been sold.**

Date of sale: \_\_\_\_\_

## **New Owner Details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Your Comments

Please add any comments that are not already covered by this form.

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## Fees:

For a dog under 12 months of age: \$50.00

For a dog over 12 months of age: \$70.00

## Payment Information

Payment is made for \$ \_\_\_\_\_ by one of the following methods (please tick).

<input type="checkbox"/> Cheque Enclosed	
<input type="checkbox"/> Direct Debit	Direct deposit: BSB 032 087, Account No. 990591 Account: Working Kelpie Council of Aust. Inc. Please include your name as a reference.
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex Name on Card: _____  Card No:     _____ / _____ / _____ / _____ Expiry Date:     _____ / _____

## Declaration

*I, the breeder of the dog, hereby declare that the above details are correct.*

*I understand that this application for Registration will only be accepted in accordance with the provisions of the Rules and Regulations of the WKC.*

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please complete the form, save to your computer and attach to your email. Send to [admin@wkc.org.au](mailto:admin@wkc.org.au) or print and mail to PO Box 306, Castle Hill 1765.**

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