



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: Litter

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

Details of Litter

Total Number in Litter: _____ Number of Males: _____ Number of Females: _____

Date of Birth: _____ Breeder's Prefix _____

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

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

Details of Pups

Please keep an up to date list of names used and do not duplicate previously used names. Roman numerals may be used, for example 'Sydney Sally IV'.

The nominated colour must be one of the following colours approved for use:

<i>Black/Tan</i>	<i>Black</i>	<i>Cream</i>
<i>Red/Tan</i>	<i>Blue</i>	<i>Fawn</i>
<i>Red</i>	<i>Blue/Tan</i>	<i>Fawn/Tan</i>

If the pup has not been transferred, write 'retained' as the transfer date.

Pup 1

Name: _____

Colour: _____ Sex: Male / Female (please check)

WKC Tattoo Symbol: _____ Microchip _____

Transfer Date: _____

New Owner's Name: _____

New Owner's Address _____

State _____ Postcode: _____

New Owner's Email Address: _____

New Owner's Phone Number: _____

Pup 2

Name: _____

Colour: _____ Sex: Male / Female (please check)

WKC Tattoo Symbol: _____ Microchip _____

Transfer Date: _____

New Owner's Name: _____

New Owner's Address: _____

State _____ Postcode: _____

New Owner's Email Address: _____

New Owner's Phone Number: _____

Pup 3

Name: _____

Colour: _____ Sex: Male / Female (please check)

WKC Tattoo Symbol: _____ Microchip _____

Transfer Date: _____

New Owner's Name: _____

New Owner's Address: _____

State _____ Postcode: _____

New Owner's Email Address: _____

New Owner's Phone Number: _____

Pup 4

Name: _____

Colour: _____ Sex: Male / Female (please check)

WKC Tattoo Symbol: _____ Microchip _____

Transfer Date: _____

New Owner's Name: _____

New Owner's Address: _____

State _____ Postcode: _____

New Owner's Email Address: _____

New Owner's Phone Number: _____

Pup 5

Name: _____

Colour: _____ Sex: Male / Female (please check)

WKC Tattoo Symbol: _____ Microchip _____

Transfer Date: _____

New Owner's Name: _____

New Owner's Address: _____

State _____ Postcode: _____

New Owner's Email Address: _____

New Owner's Phone Number: _____

Pup 6

Name: _____

Colour: _____ Sex: Male / Female (please check)

WKC Tattoo Symbol: _____ Microchip _____

Transfer Date: _____

New Owner's Name: _____

New Owner's Address: _____

State _____ Postcode: _____

New Owner's Email Address: _____

New Owner's Phone Number: _____

Pup 7

Name: _____

Colour: _____ Sex: Male / Female (please check)

WKC Tattoo Symbol: _____ Microchip _____

Transfer Date: _____

New Owner's Name: _____

New Owner's Address: _____

State _____ Postcode: _____

New Owner's Email Address: _____

New Owner's Phone Number: _____

Pup 8

Name: _____

Colour: _____ Sex: Male / Female (please check)

WKC Tattoo Symbol: _____ Microchip _____

Transfer Date: _____

New Owner's Name: _____

New Owner's Address: _____

State _____ Postcode: _____

New Owner's Email Address: _____

New Owner's Phone Number: _____

Pup 9

Name: _____

Colour: _____ Sex: Male / Female (please check)

WKC Tattoo Symbol: _____ Microchip _____

Transfer Date: _____

New Owner's Name: _____

New Owner's Address: _____

State _____ Postcode: _____

New Owner's Email Address: _____

New Owner's Phone Number: _____

In the case of a larger litter, please reprint this page and add the new page(s) to the form.

Applicant Details (Breeder)

Name: _____

WKC Registered Prefix: _____

WKC Tattoo Symbols: _____

Address: _____

State _____ Postcode: _____

Telephone: _____ Mobile: _____

Email Address: _____

Website Address: _____

Your Comments

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

Fees:

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

For a litter 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 litter, 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 W.K.C.

Name: _____ Date: _____ / _____ / _____

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