

OFFICE USE ONLY																			
EXPIRY DATE 31st DEC	<table border="1"> <tr> <td>SEL</td> <td>NEW</td> <td>BAM</td> <td>UMG</td> <td>INI</td> </tr> <tr> <td colspan="5">TAG COLOUR</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				SEL	NEW	BAM	UMG	INI	TAG COLOUR									
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TAG COLOUR																			
TAG No.																			



APPLICATION FOR DOG REGISTRATION

OWNER PARTICULARS (ONE OWNER ONLY)		
Surname: _____	First Name: _____	Mr/Mrs/Miss
Postal Address: _____		
Suburb: _____	Post Code: _____	
Phone: _____	Work: _____	Mobile: _____

DOG DETAILS		
NAME OF DOG: _____	COLOUR: _____	BREED: _____
AGE (If known): _____ Years _____ Months	SEX: Male or Female (Circle)	
DESEXED: Yes or No (Circle)		
WILL THE DOG BE KEPT AT A DIFFERENT ADDRESS THAN ABOVE: Yes or No If YES, which address will the dog be kept at: _____ _____		
NUMBER OF DOGS CURRENTLY AT THIS ADDRESS: _____		
General Appearance of the Dog: (any distinguished markings) _____ _____ _____ _____		

DOG OWNER SIGN: _____	DATE: _____
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CUSTOMER RECEIPT - Keep For Your Record																			
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	PRINT NAME: (STAFF) _____																		
	SIGNATURE: (STAFF) _____																		