



LITTER & STUD SERVICE CERTIFICATE REGISTRATION APPLICATION

NOTE: For Rules, Regulations & Other Information relating to the registration of a Litter, please refer to the CCCQ Ltd Rules - Part 4 Registration of Dogs (Rules 19-33)

BREED:		PREFIX:	
DATE OF MATING	/ / 20	DATE LITTER WHELPED	/ / 20
NO. OF LIVING MALES:		NO. OF LIVING FEMALES:	

THIS DECLARATION TO BE SIGNED BY THE OWNER(S) OF THE STUD DOG (SIRE) / SEMEN AT TIME OF LAST SERVICE:
 I / We, as the owner(s) of the Sire / Semen, registered with an ANKC Ltd affiliated body, shown below, certify that the bitch was serviced / inseminated on the (service date(s)) of ____ / ____ / 20____ and ____ / ____ / 20____, and I / we certify that the sire is entire, that is, has apparently normal testicles descended into the scrotum, and certify that I was / we were financial members with an ANKC Ltd affiliated body prior to and at the time of mating.
 I/We certify that I/We give permission for the DNA profile of the Sire/Semen to be shared for DNA Verification of Parentage.

Signature (1) <input checked="" type="checkbox"/>	Signature (2) <input checked="" type="checkbox"/>	Date Signed	/ / 20
Address		Post Code	

SIRE'S NAME	SIRE'S REG'N NO.	SIRE'S DNA NO.
SIRE'S MICROCHIP NO.	SIRE'S OWNER'S MEMBERSHIP NO.	
DAM'S NAME	DAM'S REG'N NO.	DAM'S DNA NO.
DAM'S MICROCHIP NO.	DAM'S OWNER'S MEMBERSHIP NO.	

Please tick where applicable: GAINED BY ARTIFICIAL INSEMINATION PUPS IMPORTED IN DAM **Note** - if the litter's Dam was artificially inseminated, please attach the appropriate Artificial Insemination Forms.
NOTE: CCCQ LTD'S BOARD REQUIRES EVERY DOG TO BE MICROCHIPPED PRIOR TO REGISTRATION IN ACCORDANCE WITH STATE LAW UNLESS WRITTEN VET EXEMPTION PROVIDED (HEALTH REASONS)
 IF UNDER 8 WEEKS OLD & NOT MICROCHIPPED, PROVISIONAL REGISTRATION IS GRANTED UNTIL MICROCHIP DETAILS ARE PROVIDED FOR EVERY PUP, WHICH IS MANDATORY AFTER 12 WEEKS OF AGE

PUPPY NO. 1	First Choice Name	Second Choice Name	SEX	Microchip No.	Colour	Register:
						Main / Limited (Circle One)
New Owner's Name/s:		New Owner's Postal Address:		New Owner's Membership No.		PUPPY'S DNA NO.
		Post Code:				
		New Owner's Email Address:				
		New Owner's Mobile Number:				

PUPPY NO. 2	First Choice Name	Second Choice Name	SEX	Microchip No.	Colour	Register:
						Main / Limited (Circle One)
New Owner's Name/s:		New Owner's Postal Address:		New Owner's Membership No.		PUPPY'S DNA NO.
		Post Code:				
		New Owner's Email Address:				
		New Owner's Mobile Number:				

PUPPY NO. 3	First Choice Name	Second Choice Name	SEX	Microchip No.	Colour	Register:
						Main / Limited (Circle One)
New Owner's Name/s:		New Owner's Postal Address:		New Owner's Membership No.		PUPPY'S DNA NO.
		Post Code:				
		New Owner's Email Address:				
		New Owner's Mobile Number:				

PUPPY NO. 4	First Choice Name	Second Choice Name	SEX	Microchip No.	Colour	Register:
						Main / Limited (Circle One)
New Owner's Name/s:		New Owner's Postal Address:		New Owner's Membership No.		PUPPY'S DNA NO.
		Post Code:				
		New Owner's Email Address:				
		New Owner's Mobile Number:				

For additional puppy registrations please refer to page 2

Please refer to the Queensland Dog World magazine for the current scale of charges - fees must be returned with this form.

THIS DECLARATION TO BE SIGNED BY THE BREEDER(S) / OWNER(S) OF THE BITCH (DAM): I / We, the breeder(s) / owner(s) of the above dog(s), certify that to the best of my / our knowledge and belief, the above particulars are correct and that all surviving dog(s) are included in this application and I / we agree to be bound by the Constitution, Rules, Code of Ethics and Regulations of Dogs Queensland. I / We have read the adopted ANKC Ltd breed standard and declare to the best of my / our knowledge the colour of the progeny being registered conforms to the breed's accepted colours at the time of registration.

Signature (1) <input checked="" type="checkbox"/>	Signature (2) <input checked="" type="checkbox"/>	Date Signed	/ / 20
Breeder's Name (1)	Breeder's Name (2)		

CERTIFICATE(S) TO BE LAMINATED? YES / NO (\$5.50 PER CERTIFICATE)	Address:	Post Code	Telephone:
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PUPPY NO. 5	First Choice Name	Second Choice Name	SEX	Microchip No.	Colour	Register: Main / Limited (Circle One)
New Owner's Name/s:		New Owner's Postal Address:		New Owner's Membership No.	PUPPY'S DNA NO.	
		Post Code:				
		New Owner's Email Address:				
		New Owner's Mobile Number:				
PUPPY NO. 6	First Choice Name	Second Choice Name	SEX	Microchip No.	Colour	Register: Main / Limited (Circle One)
New Owner's Name/s:		New Owner's Postal Address:		New Owner's Membership No.	PUPPY'S DNA NO.	
		Post Code:				
		New Owner's Email Address:				
		New Owner's Mobile Number:				
PUPPY NO. 7	First Choice Name	Second Choice Name	SEX	Microchip No.	Colour	Register: Main / Limited (Circle One)
New Owner's Name/s:		New Owner's Postal Address:		New Owner's Membership No.	PUPPY'S DNA NO.	
		Post Code:				
		New Owner's Email Address:				
		New Owner's Mobile Number:				
PUPPY NO. 8	First Choice Name	Second Choice Name	SEX	Microchip No.	Colour	Register: Main / Limited (Circle One)
New Owner's Name/s:		New Owner's Postal Address:		New Owner's Membership No.	PUPPY'S DNA NO.	
		Post Code:				
		New Owner's Email Address:				
		New Owner's Mobile Number:				
PUPPY NO. 9	First Choice Name	Second Choice Name	SEX	Microchip No.	Colour	Register: Main / Limited (Circle One)
New Owner's Name/s:		New Owner's Postal Address:		New Owner's Membership No.	PUPPY'S DNA NO.	
		Post Code:				
		New Owner's Email Address:				
		New Owner's Mobile Number:				
PUPPY NO. 10	First Choice Name	Second Choice Name	SEX	Microchip No.	Colour	Register: Main / Limited (Circle One)
New Owner's Name/s:		New Owner's Postal Address:		New Owner's Membership No.	PUPPY'S DNA NO.	
		Post Code:				
		New Owner's Email Address:				
		New Owner's Mobile Number:				

CREDIT CARD PAYMENT DETAILS	
(TICK ONE BOX)	
MASTERCARD <input type="checkbox"/>	VISA CARD <input type="checkbox"/>
MEMBERSHIP No.: _____	NAME ON CARD: _____
CARD No.: _____	CARD EXPIRY DATE: ____ / ____
AMOUNT: \$ <input type="text"/>	CARDHOLDER'S PHONE No.: _____
CARDHOLDER'S SIGNATURE: _____	DATE: ____ / ____ / 20____