



## **APPLICATION FOR RE-REGISTRATION OF SEMEN OR STUD DOGS**

**FOR SEMEN / STUD DOGS REGISTERED WITH AN OVERSEAS BODY  
 RECOGNISED BY CCC(Q) LTD**

### **DETAILS OF SEMEN DONOR / STUD DOG:**

<b>NAME:</b>		<b>BIRTH DATE:</b> ____ / ____ / 20 ____
<b>BREED:</b>	<b>REGISTRATION NO:</b>	
<b>MICROCHIP NO:</b>	<b>COUNTRY WHELPED:</b>	
<b>COUNTRY EXPORTED FROM:</b>		

### **DETAILS OF REGISTERED OWNER IN AUSTRALIA OF SEMEN OR DAM:**

<b>NAME:</b>		<b>M/SHIP NO:</b>
<b>ADDRESS:</b>		
		<b>POST CODE:</b>
<b>CONTACT: (H)</b>	<b>(B)</b>	<b>(M)</b>

<b>Name &amp; Address of storing Veterinary Clinic:</b>	
	<b>POST CODE:</b>
<b>Straw / Vial amount:</b>	<b>Straw / Vial numbers:</b>

**I / We hereby apply for re-registration of the above Semen / Stud Dog and attach:**

1. A **CERTIFIED COPY** of the donor dog / stud dog's certificate of registration.
2. A copy of the Semen Collection Certificate and a copy of AQIS final clearance Certificate.
3. An **ORIGINAL** Certified Pedigree (or Export Certificate) issued by the Canine Control with whom the dog is currently registered. Pedigrees must show three (3) generations only.

<b>SIGNATURE(S):</b>			<b>Date:</b> ____ / ____ / 20 ____
1.	2.		

**ALL REGISTERED OWNERS OF THE SEMEN / DAM MUST SIGN THIS APPLICATION**

<b>ORIGINAL OVERSEAS BREEDER'S NAME:</b>
<b>ADDRESS:</b>

**NOTE:** This form must be completed by a resident of Queensland who is importing Semen or has used a stud dog from overseas which is registered with a body recognised by CCC(Q) Ltd.

Dogs which are required to be re-registered are not eligible to be used for breeding purposes until this application (and ALL accompanying documents listed above) are lodged and certified to be complete.

Please ensure the relevant fees are forwarded with this form.

**Please refer to the Queensland Dog World Magazine for current scale of charges and complete the attached credit card payment form**

**CREDIT CARD PAYMENT DETAILS**

NAME: \_\_\_\_\_ MEMBERSHIP NUMBER: \_\_\_\_\_

MASTERCARD ☐ VISA ☐ (tick one box)

CARD NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ CARD EXPIRY DATE: \_\_\_\_ - \_\_\_\_

AMOUNT \$ \_\_\_\_\_ CARDHOLDER'S PHONE NUMBER: \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_