

|   |              |
|---|--------------|
| BREED   | MALE/FEMALE  |
| NAME OF DOG:  | ANKC REG NO: |
|   |              |
| <b>DATE OF TRANSFER                                  /                                  /20</b> |              |

|  |                                   |
|--|-----------------------------------|
| FULL NAME:   | MEMBERSHIP NUMBER (if applicable) |
| POSTAL ADDRESS:                                    |                                   |
|  | Post Code:                        |
| PHONE:   |                                   |
| EMAIL ADDRESS:                                     |                                   |
| <b>SIGNATURE(S) OF PERSONS(S) DISPOSING OF DOG</b> |                                   |
|  | Date:        /        /20         |
|  | Date:        /        /20         |

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION

Q:\Records & Forms\Dogs Qld Forms\2020 Forms\Application for Transfer where original was lost or destroyed.docx

|                  |                           |
|------------------|---------------------------|
| BREED:           |                           |
| NAME:            |                           |
| SEX: MALE/FEMALE | ANKC REGISTRATION NUMBER: |

|                             |     |                    |
|-----------------------------|-----|--------------------|
| REGISTERED OWNER'S DETAILS: |     |                    |
| FULL NAME:                  |     | MEMBERSHIP NUMBER: |
| ADDRESS:                    |     |                    |
|                             |     | POST CODE:         |
| CONTACT NO: (H)             | (W) | (M)                |

**A declaration, giving full particulars of the loss of the original certificate, must be provided in the space below. A replacement Certificate will only be issued to the registered owner(s) of the above dog. Your application will be returned if the declaration, signatures and the Witnessed sections are not completed.**

|               |                     |
|---------------|---------------------|
|               |                     |
|               |                     |
|               |                     |
|               |                     |
|               |                     |
|               |                     |
|               |                     |
|               |                     |
| SIGNATURE:    | DATE:     /     /20 |
| SIGNATURE:    | DATE:     /     /20 |
| WITNESS NAME: | (SIGNATURE):        |

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**CREDIT CARD PAYMENT DETAILS**

MASTERCARD

☐

VISA CARD

☐

(TICK ONE BOX)

MEMBERSHIP No.: \_\_\_\_\_

NAME ON CARD:

CARD No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CARD EXPIRY DATE: \_\_\_\_ / \_\_\_\_

AMOUNT:

\$

CARDHOLDER'S PHONE No.: \_\_\_\_\_

CARDHOLDER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_