

# DOGS QUEENSLAND

PO BOX 1136, MT OMMANEY QLD 4074

PHONE (07) 3252 2661, FAX (07) 3252 3864

Email: info@dogsqueensland.org.au, Website: www.dogsqueensland.org.au



## APPLICATION TO TRANSFER FROZEN SEMEN

PLEASE COMPLETE ALL DETAILS ON THIS FORM IN BLOCK LETTERS.

I / WE MAKE AN APPLICATION TO TRANSFER FROZEN SEMEN REGISTERED ON MY / OUR BEHALF WITH THE CCC (Q) t/as DOGS QUEENSLAND AND LIST BELOW DETAILS PERTAINING TO THIS TRANSFER.

NAME OF DONOR DOG:	SEX: MALE / FEMALE
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BREED:	DOB ___/___/___	REGISTRATION No.:
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BATCH No. TO BE TRANSFERRED	No. OF STRAWS
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### REGISTERED OWNER(S) DETAILS:

MEMBER No.: (IF APPLICABLE)

TITLE: Dr / Mr / Mrs / Miss / Ms (CIRCLE)
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GIVEN NAME(S):	SURNAME:
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ADDRESS:
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POST CODE:
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CONTACT NO.: (H) _____ (B) _____ (M) _____
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### SEMEN TO BE TRANSFERRED TO:

MEMBER No.: (IF APPLICABLE)

TITLE: Dr / Mr / Mrs / Miss / Ms (CIRCLE)
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GIVEN NAME(S):	SURNAME:
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ADDRESS:
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POST CODE:
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CONTACT NO: (H) _____ (B) _____ (M) _____
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PLEASE CONTACT THE CCC (Q)  
t/as DOGS QUEENSLAND OFFICE  
FOR CURRENT FEES.  
PLEASE ENSURE PAYMENT  
ACCOMPANIES THIS FORM.

EFFECTIVE DATE  
OF TRANSFER:

DAY _____	MONTH _____	YEAR 20____
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I / We declare that all information provided on this application is correct and in accordance with CCC (Q) t/as Dogs Queensland Rules.  
I / We acknowledge verification of records must be produced, if required.

Date ..... / ..... / 20..... Signature of Registered Owner(s): .....

**DOGS QUEENSLAND**



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**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\_\_\_\_