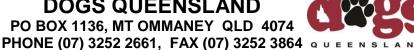
DOGS QUEENSLAND



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

APPLICATION TO CHANGE OF NAME (Dog)

PLEASE COMPLETE ALL DETAILS ON THIS FORM IN BLOCK LETTERS.

THIS APPLICATION MUST BE ACCOMPANIED BY THE ORIGINAL PEDIGREE **CERTIFICATE OF REGISTRATION**

CURRENT NAME OF DOG:				MICROCHIP NO				
BREED:	DOB / /		REGISTRATION No:					
PROPOSED NAME CHANGE:								
REGISTERED OWNER(S) DETAILS:			MEMBER No.: (IF APPLICABLE)					
TITLE:								
GIVEN NAME(S):		SURNAME	≣:					
ADDRESS: POST CODE:								
CONTACT NO.: (H) (B)			(M)					
Date / 20 Signature of Registered Owner(s):								
BREEDER(S) DETAILS:			MEMBER No.:					
TITLE:								
GIVEN NAME(S):		SURNAME:						
ADDRESS:				POST CODE:				
CONTACT NO: (H)	(B)			(M)				
Date / 20 Signature of Breeder(s	s):							

PLEASE CONTACT THE CCC (Q) t/as DOGS QUEENSLAND OFFICE FOR CURRENT FEES. PLEASE ENSURE PAYMENT ACCOMPANIES THIS FORM.

I/we hereby apply to change the name of the above dog that complies with Dogs Queensland Rules 24-NAMING OF DOGS

This application is required to be lodged within three (3) months of Litter being registered. The dog has not participated in a Conformation Show or Dog Sport prior to name change.

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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.

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

CREDIT CARD PAYMENT DETAILS

NAME:	MEMBERSHIP NUMBER:					
MASTERCARD	VISA	(tick one box)				
CARD NUMBER:			_ CARD EXF	PIRY DAT	E:	
AMOUNT \$	CARDHO	DLDER'S PHONE NUMB	ER:			
CARDHOLDER SIGNATURE			Date	1	/ 20	