



**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**

<b>CURRENT NAME OF DOG:</b>	<b>MICROCHIP NO</b>
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<b>BREED:</b>	<b>DOB    /    /</b>	<b>REGISTRATION No:</b>
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<b>PROPOSED NAME CHANGE:</b>
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**REGISTERED OWNER(S) DETAILS:**

<b>TITLE:</b>
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<b>MEMBER No.:</b> (IF APPLICABLE)
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<b>GIVEN NAME(S):</b>	<b>SURNAME:</b>
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<b>ADDRESS:</b>	<b>POST CODE:</b>
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<b>CONTACT NO.: (H)</b>	<b>(B)</b>	<b>(M)</b>
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Date ..... / ..... / 20.....	Signature of Registered Owner(s): .....
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**BREEDER(S) DETAILS:**

<b>TITLE:</b>
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<b>MEMBER No.:</b>
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<b>GIVEN NAME(S):</b>	<b>SURNAME:</b>
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<b>ADDRESS:</b>	<b>POST CODE:</b>
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<b>CONTACT NO: (H)</b>	<b>(B)</b>	<b>(M)</b>
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Date ..... / ..... / 20.....	Signature of Breeder(s): .....
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<b>PLEASE CONTACT THE CCC (Q) t/as DOGS QUEENSLAND OFFICE FOR CURRENT FEES. PLEASE ENSURE PAYMENT ACCOMPANIES THIS FORM.</b>
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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.

**DOGS QUEENSLAND**  
PO BOX 1136, MT OMMANEY QLD 4074  
PHONE (07) 3252 2661, FAX (07) 3252 3864  
Email: [info@dogsqueensland.org.au](mailto:info@dogsqueensland.org.au), Website: [www.dogsqueensland.org.au](http://www.dogsqueensland.org.au)



**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\_\_\_\_