

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 HOLD/TRANSFER PREFIX IN/TO MULTIPLE STATES

(Qld's Breeder Prefix Exam to be submitted with this form for new Prefix STATE holder)

ORIG BREEDER'S PREFIX NAME	ORIG STATE HELD	ORIG MEMBERSHIP No.
	NEW STATE TO HOLD	NEW MEMBERSHIP No.
Applicant 1: TITLE & SURNAME (Dr / Mr / Mrs / Ms / Miss) Applicant 2: TITLE & SURNAME (Dr / Mr / Mrs / Ms / Miss)	Applicant 1: GIVEN NAME/S Applicant 2: GIVEN NAME/S	
ADDRESS (Please state)	SUBURB	POST CODE
POSTAL ADDRESS (If different from above)	SUBURB	POST CODE
Applicant 1: MOBILE	Applicant 2: MOBILE:	
Applicant 1: Email Address: Applicant 2: Email Address:		
QLD GOVT BREEDER CONTACT (Email <u>OR</u> Phone – <u>ONE</u> of these only)	QLD LOCAL GOVT AREA (Council Name)	

- If wanting to hold Interstate Prefix in Qld then the name/s should match the Membership application e.g. in one or two names.
- If the original Breeder's Prefix is financial Interstate, then only Prefix Maintenance fees are required in Qld.

Dogs Australia Rule – Regulations, Part 1, National Prefix Register, Point 8: Where a prefix is jointly owned by persons residing in more than one (1) State and/or Territory, the use of the prefix in each of the States and/or Territories in which the joint owners reside is permissible without transfer, providing the prefix name is registered, and maintained, in each State and/or Territory in which the prefix name is to be used. The registration procedures in each State or Territory in which the prefix is to be used shall apply for all registration purposes.

I / We hereby apply for a Dogs Queensland (DQ) Breeder's Prefix. I / We certify that the information contained in this form is true and correct and that I / we have read the Rules, Code of Ethics, Code of Conduct and Codes of Practice (for Members and / or Breeders) of DQ (all available from the DQ Website or Office) and that I / we agree to be bound by them for the duration of my / our membership. I / We certify that I / we are not a disqualified or suspended member(s) of any Canine Controlling body, nor are there any outstanding matters of any kind between me/us and any Canine Controlling body. I / We agree that my / our designated details, as noted under the Animal Management (Protecting Puppies) and Other Legislation Amendment Act 2016 (the Act), will be provided to the Queensland State Government in accordance with DQ's status as an Approved Entity under the Act.

All owners of the Breeder's Prefix must sign this application:

Signature(s): (1) (2) Date: / / 20.....

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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 ____

A 0.75% fee applies to payments made by Visa Credit, Visa Debit/Prepaid, Mastercard Debit/Prepaid.