



# APPLICATION FOR REGISTRATION OF SEMEN

## DETAILS OF SEMEN

Frozen Straws/Vials \_\_\_\_\_ (Please indicate)

Straw/Vial ID \_\_\_\_\_ No.of Straws/Vials \_\_\_\_\_

Storage and Location \_\_\_\_\_

Name of Dog \_\_\_\_\_

Registration No. \_\_\_\_\_ Breed \_\_\_\_\_

Sire \_\_\_\_\_ Reg No. \_\_\_\_\_

Dam \_\_\_\_\_ Reg No. \_\_\_\_\_

Microchip/Tattoo (No. if any) \_\_\_\_\_

Owner/s Name \_\_\_\_\_

Address \_\_\_\_\_

Membership No \_\_\_\_\_

## DECLARATION BY OWNERS

I/We hereby certify I/we are the registered owner/s of the above mentioned frozen semen and apply to have the semen registered in my/our name/s. I/We attach the Certificate of Collection of Semen (Form 1) and in the case of imported semen, an original or certified copy of a complete three generation pedigree of the dog issued by Dogs NZ recognised Overseas Canine Controlling Body in the Country of which the dog is resident in.

In addition I/we have provided a copy of the ownership certificate of the dog in question and a completed application to transfer frozen semen (Form 2) plus the necessary import/quarantine documentation.

Attached with the documentation is the appropriate fee or verification of payment if done electronically.

Signature/s \_\_\_\_\_

Date \_\_\_\_\_

(Note: All owners are to sign this statement)

<p>FOR OFFICE USE ONLY</p> <p>NZ registration \$45.00</p> <p>Import Registration \$115.00</p>	<p>Dogs New Zealand, Private Bag 50903, Porirua, 5240. 04-237 4489</p> <p>Name on card _____</p> <p>Credit Card <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ (Expiry Date)</p> <p>If you have paid by internet banking, please tick box <input type="checkbox"/> _____ Date internet banked</p> <p>*Please ensure paperwork is forwarded within 7 days. Reference your membership number. Internet banking* account is 03-0547-0104575-00</p>
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