

APPLICATION FOR A DUPLICATE CERTIFICATE OF REGISTRATION

FEE: \$64.20 PER REGISTRATION CERTIFICATE
EXPRESS POST \$21.40 IS REQUIRED OR PICK UP FROM OUR OFFICE

Please ensure the original hardcopy application is lodged to the office
by post or in person, copies or via email will not be accepted.

Breed: _____

Sex: _____

Registered Name of Dog: _____

Registered Number of Dog: _____

Name of Registered Owner/s: _____

Membership Number: _____

Residential Address: _____

_____ Postcode: _____

Postal Address: _____
(If different from above)

_____ Postcode: _____

Telephone: _____ Home _____ Work _____

Email: _____

Signature: _____

Note: A Duplicate Certificate of Registration will **ONLY** be issued to the current **REGISTERED OWNER** of the dog.

Please have the reverse side of this application witnessed when completing.



Reg. No: A00023882W ABN 97 452 215878 65
Locked Bag K9 Cranbourne 3977
t: 9788 2500 f: 9788 2599
office@dogsvictoria.org.au
www.dogsvictoria.org.au

I/We _____

of _____

in the State of Victoria do solemnly and sincerely declare that

REASON FOR REQUEST: _____

In the event the original Registration Certificate is found, it will be returned to the Dogs Victoria office.

I acknowledge that this declaration is true and correct and I make it in the belief that a person making a false declaration is liable to the penalties of perjury.

Signature of person making declaration _____

Declared at _____ in the State of Victoria

on the _____ day of _____

Form with fields: SIGNATURE, PRINT NAME, ADDRESS, STATUS, Post Code, and a list of eligible statuses (Justice of the Peace, Member of the Victorian Police, etc.).

Please select your preferred delivery method:

- Express postage (a charge of \$21.40)
Pick up from the Dogs Victoria office (Skye)

** This transaction incurs an additional \$2.20 Facility Fund Levy

TICK here to OPT OUT of the Levy Facility Fund

TOTAL FEES ENCLOSED \$

The Facility Fund Levy contributes to the Dogs Victoria Facility Fund, which is 100% dedicated to the projects vital for the sustained operation of the KCC Park and Bulla facilities.

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Please pay by cheque or, if you prefer by credit card, complete the details below.

PAYMENT BY CREDIT CARD (please circle which card) Card

Type VISA MASTERCARD CCV

Card No:

Card number input boxes

Cardholder's Name

Amount Paid \$ Card Expiry Date

Signature