

## APPLICATION TO TRANSFER FROZEN SEMEN

**\$58.00**

*This form is to be used if the original owner of the frozen semen, as registered on the ANKC Database, is transferring any part of the registered frozen semen to another party.*

**Business Address:**

Dogs Victoria  
655 Westernport Hwy, Skye 3977

**Postal Address:**

Locked Bag K9, Cranbourne 3977

### PLEASE COMPLETE ALL DETAILS ON THIS FORM IN BLOCK LETTERS

I/WE MAKE AN APPLICATION TO TRANSFER FROZEN SEMEN REGISTERED ON MY/OUR BEHALF WITH DOGS VICTORIA AND LIST BELOW DETAILS PERTAINING TO THIS TRANSFER.

**DETAILS OF REGISTERED OWNER/S**

<b>TITLE:</b> Mr Mrs Miss Ms	<b>FIRST NAME</b>	<b>SURNAME</b>	
<b>RESIDENTIAL ADDRESS</b>		<b>SUBURB</b>	<b>POSTCODE</b>
<b>DOGS VICTORIA MEMBERSHIP NUMBER</b>		<b>TELEPHONE (HOME)</b>	<b>(BUSINESS)</b>

**DETAILS OF REGISTERED DONOR DOG**

<b>REGISTERED NAME</b>	<b>REGISTERED No.</b>	
<b>BREED</b>	<input type="checkbox"/> Straws <input type="checkbox"/> Vials <input type="checkbox"/> Pellets	<b>NUMBER OF STRAWS/VIALS/PELLETS</b>  <b>BATCH NO.</b>

**DETAILS OF PERSON/S SEMEN TO BE TRANSFERRED TO**

<b>TITLE:</b> Mr Mrs Miss Ms	<b>FIRST NAME</b>	<b>SURNAME</b>				
<b>RESIDENTIAL ADDRESS</b>		<b>SUBURB</b>	<b>POSTCODE</b>			
<b>ANKC LTD MEMBER BODY MEMBERSHIP NUMBER</b>		<b>TELEPHONE (HOME)</b>	<b>(BUSINESS)</b>			
_____ SIGNATURE OF REGISTERED OWNER/S (all owners of semen must sign)		<b>EFFECTIVE DATE OF TRANSFER</b>	<table border="1"> <tr> <td><b>DAY</b></td> <td><b>MONTH</b></td> <td><b>YEAR</b></td> </tr> </table>	<b>DAY</b>	<b>MONTH</b>	<b>YEAR</b>
		<b>DAY</b>	<b>MONTH</b>	<b>YEAR</b>		

**PAYMENT BY CREDIT CARD**

**Expiry Date:** \_\_\_\_ / \_\_\_\_ **Amount \$** \_\_\_\_\_  
 Mastercard **CCV** \_\_\_\_\_  
 Visa

**Cardholders Name:** \_\_\_\_\_

**Card No** [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

**Signature:** .....

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

TICK here to OPT OUT of the Facility Fund Levy