DOGS VICTORIA
YOUR CANINE COMMUNITY

Telephone: 9788 2500
Fax: 9788 2599
www.dogsvictoria.org.au
office@dogsvictoria.org.au

APPLICATION TO TRANSFER FROZEN SEMEN

$60.90

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

TITLE: Mr Mrs Miss Ms	FIRST NAME	SURNAME

RESIDENTIAL ADDRESS	SUBURB	POSTCODE

DOGS VICTORIA MEMBERSHIP NUMBER	TELEPHONE (HOME)	(BUSINESS)

DETAILS OF REGISTERED DONOR DOG

REGISTERED NAME	REGISTERED No.

BREED	☐ Straws ☐ Vials ☐ Pellets	NUMBER OF STRAWS/VIALS/PELLETS	BATCH NO.

DETAILS OF PERSON/S SEMEN TO BE TRANSFERRED TO

TITLE: Mr Mrs Miss Ms	FIRST NAME	SURNAME

RESIDENTIAL ADDRESS	SUBURB	POSTCODE

ANKC LTD MEMBER BODY MEMBERSHIP NUMBER	TELEPHONE (HOME)	(BUSINESS)

EFFECTIVE DATE OF TRANSFER	DAY	MONTH	YEAR

SIGNATURE OF REGISTERED OWNER/S
(all owners of semen must sign)

PAYMENT BY CREDIT CARD

Expiry Date: / **Amount $** _____ ☐ Mastercard ☐ Visa **CCV** _____

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