



APPLICATION TO TRANSFER FROZEN SEMEN

DETAILS OF REGISTERED OWNER/S

Full name of Owner/s _____

Address _____

Membership No/s. (Dogs NZ or other) _____ Phone _____

DETAILS OF REGISTERED DONOR DOG

Dogs Name _____

Breed _____ Reg No. _____

Microchip/Tattoo (No. if any) _____

Straw/Vial ID: _____ No of Straws/Vials
(Strike out) _____

DETAILS OF PERSON/S SEMEN TO BE TRANSFERRED TO

Full name of Owner/s _____

Address _____

Dogs NZ Membership No/s. _____ Phone _____

Signature of Registered Owner/s _____

EFFECTIVE DATE OF TRANSFER

DAY	MONTH	YEAR

FOR OFFICE USE ONLY Transfer Semen \$35.00	Dogs New Zealand, Private Bag 50903, Porirua, 5240. 04-237 4489
	Name on card _____
	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"/> _____ (Expiry Date)
	If you have paid by internet banking, please tick box <input type="checkbox"/> _____ Date internet banked
Please ensure paperwork is forwarded within 7 days. Reference your membership number. Internet banking account is 03-0547-0104575-00	