



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
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PAYMENT BY CREDIT CARD

- Visa
 Mastercard

Name on card _____

Card Number

Expiry Date _____ Signature _____