



# 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<br>ONLY<br><br>Transfer Semen<br>\$30.00  | 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"/> <input type="text"/> <input type="text"/> _____<br><small>(Expiry Date)</small> |
|  | If you have paid by internet banking, please tick box <input type="checkbox"/> _____<br><small>Date internet banked</small>  |
| *Please ensure paperwork is forwarded within 7 days. Reference your membership number. Internet banking* account is 03-0547-0104575-00 |  |