



APPLICATION FOR REGISTRATION OF DOG(S) (Including Optional Transfer)

PLEASE READ NOTES ON BACK BEFORE COMPLETING THIS FORM - DO NOT USE THIS FORM IF A SECOND KENNEL NAME IS REQUIRED

DNZ OFFICE
USE ONLY

Litter Whelped on		
Date	Month	Year

Breed/Variety	_____
DAM	_____
SIRE	_____

NZKC Membership No(s)	BREEDER'S NAME(S) AND ADDRESS (Mr/Mrs/Miss/Ms)	Phone: _____
		Email: _____ Date: _____
		Breeders Signature (All breeders must sign)

		I/We certify that the information contained in this application is correct.

Breeder Kennel Name: PREFIX _____ SUFFIX (of) _____

Enter preferred Puppy name below excluding the Kennel name. (Please Note: Full name including Kennel name must not exceed 25 letters and up to 30 spaces)

Puppy name	_____	Sex D or B	Colour in Full
This puppy is to be transferred to - leave blank if not transferred	Microchip number	Tail banded - if YES tick box <input type="checkbox"/>	Restricted register tick box <input type="checkbox"/>
(Mr/Mrs/Miss - Initials - Surname - Full Postal Address)		PRINT NAME OF TAIL BANDER	Signature required below
Phone	Email	Signature of new owner required if jointly owned with breeder	Restricted dog owner must sign here
		Office Use Only	

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