

APPLICATION FOR VERIFICATION OF TITLES AND CLASSIFICATION FOR IMPORTED ANIMALS/SEMEN

PLEASE COMPLETE IN BLOCK LETTERS

Verification of :

Name of Dog: _____ Date of Birth: _____
 Registration Number: _____
 Microchip Number: _____ Tattoo Number: _____ Sex: _____
 Sire: _____
 Dam: _____
 HD grading /score: _____ Date HD Grading: _____
 ED grading /score: _____ Date ED Grading: _____
 Breed Survey Status: _____ Country of Survey: _____
 Date of Survey: _____ Surveyed for Life: YES NO
 Surveyor: _____ Variety: _____
 Breeder Name: _____
 Breeder Address: _____
 Purchased or Leased from: _____
 Address: _____
 Date of transfer: _____ Released from quarantine: Month Year

Working Titles (Tick applicable and provide detail where required)

| | | |
|----------------|-------------------|--------------|
| Date attained: | Date attained: | Judges Name: |
| BH: _____ | IPO1/SchH1: _____ | |
| AD: _____ | IPO2/SchH1: _____ | |
| | IPO3/SchH1: _____ | |

Other titles give details: _____

I hereby declare that the information listed above is true and correct to the best of my knowledge. I also consent for the GSDCA to verify the titles and classifications with the controlling body of the country where these titles/classifications were issued. As per Regulation 3.6.3.3 or 3.6.4.3 a copy of the following documents **MUST** be included with this form to substantiate above:

1. Original pedigree
2. Breed Survey
3. HD/ED Results
4. Title certificates

Signature of owner/s **Date:**

Full name of new owner: _____ Contact Telephone: _____
 Address of new owner: _____
 Email address: _____

The verification will be processed once payment is received. Please retain a copy of this form for Taxation purposes.

TAX INVOICE
GERMAN SHEPHERD DOG COUNCIL OF AUSTRALIA ABN 25 515 310 063

PAYMENT \$25 (GST Inc): EFT, Credit Card or Cheque. Please save the form to your computer, complete on line, print and sign. Scan the form, along with supporting documentation, and email to verification@gsdcouncilaustralia.org.

If paying by Cheque please send with the completed form to Mrs Jenny Delucia, Verification Officer, 45 Barkley Drive, Gawler Belt SA 5118.

EFT details: Westpac Bank Account Name: GSDCA BSB No: 035 034 Account No: 401558. Please use your surname as a reference.

CREDIT CARD PAYMENTS:

VISA Mastercard Card number: _____ Exp Date: ____ / ____
 Name as shown on Credit Card: _____ CVN (3 digit number on reverse side of Credit Card)