



DOGS NT

(A Member Body of the Australian National Kennel Council Ltd)

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APPLICATION FOR REPLACEMENT CERTIFICATE OF REGISTRATION AND PEDIGREE

Name of Dog:

Registration Number:

REGISTERED OWNERS DETAILS

Name:

Membership Number:

Residential Address:

Suburb:

Postcode:

Postal Address:

Suburb:

Postcode:

Preferred Telephone Number:

Email Address:

* SIGNATURE/S:

DATE:

* By signing you hereby declare that all the information provided herein is true and correct

NOTE: A Declaration giving full particulars of the loss of the original must be provided in the space below. A Duplicate Certificate will only be issued to the registered owner of the dog.

DECLARATION

* SIGNATURE/S:

* WITNESS:

* By signing you hereby declare that all the information provided herein is true and correct