

Tasmanian Canine Association Inc.
Application for Registration
Sporting Register

Registration No.:
Office use only

Registered Name:

Breed your dog resembles if known

Sex: _____
Male or Female

Microchip No.:

Date of Birth: _____
Please supply year of birth if known

Tattoo:
Number or symbol

Colour: _____

Date Registered: _____
Office use only

Sire:

Breeder:

Dam:

Declaration from the owner	I certify the information contained in this application is correct
Signature:	_____

Title and Initial: _____

Member No.: _____

Surname: _____

Address: _____

Instructions: Please complete the application form and ensure the declaration is signed. **The owner of the dog must be a financial member of the TCA Inc. A copy of the Certificate of Registration issued by a recognised Working Dog Association is attached to this application.**

Send To: Tasmanian Canine Association Inc.
PO Box 116
GLENORCHY. 7010