



Application for registration of Change of Ownership

Breed Reg No.

Registered Name

From: _____ To: _____
(Mr/Mrs/Miss/Ms) (Mr/Mrs/Miss/Ms)

Address: _____ Address: _____

NZKC Membership Nos. (If Applicable)	<input type="text"/>
	<input type="text"/>

NZKC Membership Nos. (If Applicable)	<input type="text"/>
	<input type="text"/>

Signature(s): _____

Phone: _____

Signature(s): _____

Date: _____

IMPORTANT - The signature of the new owner is required in the following cases

ENDORSEMENTS - Adding endorsements \$7.00 each

1. Not to be Bred from
2. Not to be Shown
3. Not to be Bred from under 12/18/24/36 months (Indicate Period)
4. Not to be Bred from unless X-rayed/radio-graphed under a recognized scheme for the eradication of HD
5. Not to be Bred from unless X-rayed/radio-graphed under a recognized scheme for the eradication of HD and a certificate has been issue with a total score less than the current breed average at the time of X-Ray.
6. Monorchid
7. Cryptorchid
8. Not eligible for issue of an Export Certificate

An endorsement Not to be Shown does not prohibit exhibition in Obedience and Agility

CONSENT OF NEW OWNERS

We hereby consent to the placing of the above endorsements () () () (State Number(s) from above)

Signature(s) of new owners: _____

Date: _____

TRANSFER INTO JOINT OWNERSHIP

The signature of the new owner is required if the dog is being transferred from the existing owners into their ownership jointly with other owners. *The signature of the new owners is not required in any other case.*

I/We consent to joint ownership with the existing owners

Signature(s) of new owners: _____

Date: _____

FOR OFFICE USE ONLY FEE \$35.00	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"/> _____ <small>(Expiry Date)</small>
	If you have paid by internet banking, please tick box <input type="checkbox"/> _____ <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 Email paperwork to accounts@dogsnz.org.nz	