



SOUTH AUSTRALIAN WORKING SHEEPDOG ASSOCIATION INCORPORATED
FORM OF APPLICATION FOR REGISTRATION

Breed: _____ Sex: _____

Name of dog: _____

Date of Birth: _____ Colour: _____

Breeder: _____

(name and address)

Owner: _____

(name and address)

Sire's sire: _____

Reg. no. _____

Sire: _____

Reg. no. _____

Sire's dam: _____

Reg. no. _____

Dam's sire: _____

Reg. no. _____

Dam: _____

Reg. no. _____

Dam's dam: _____

Reg. no. _____

Signed: _____ Date: _____

Fees: dogs/pups from a notified litter \$10, dogs/pups not from a notified litter but from registered parents \$20, dogs/pups not from a notified litter and with one or more unregistered parents (conditions apply) \$50

Post this form with the fee to Mrs Andraya Simmonds, SAWSDA Secretary, PO Box 335, Lyndoch, 5351 or email to SAWSDAsecretary@gmail.com

You must be a full financial member of SAWSDA to register a dog/pup.