



**SOUTH AUSTRALIAN WORKING SHEEPDOG ASSOCIATION INCORPORATED**  
**FORM OF TRANSFER OF OWNERSHIP**

*I hereby certify that the ownership of the dog described hereunder has been transferred by me to:*

New owner: \_\_\_\_\_

\_\_\_\_\_  
(name and address)

Dog's name: \_\_\_\_\_ Reg. no. \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Colour: \_\_\_\_\_

Sire: \_\_\_\_\_ Reg. no. \_\_\_\_\_

Dam: \_\_\_\_\_ Reg. no. \_\_\_\_\_

Previous owner: \_\_\_\_\_

\_\_\_\_\_  
(name and address)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fee:** \$5 per dog

**Post** this form with the fee to Mrs Joanne Flavel, SAWSA Secretary, PO Box 338, Meningie, 5264.

**You must be a full financial member to transfer the ownership of a dog in the SAWSA registry.**