

Office Use Only

Contract No:	Form Number:	Payment Method:	Date Issued:
--------------	--------------	-----------------	--------------

APPLICATION FOR GSDCA HIP AND ELBOW DYSPLASIA SCHEME FORM

REGISTERED NAME OF DOG _____

REGISTRATION NUMBER _____ DATE OF BIRTH _____

SEX _____ GSDCA TATTOO NO _____ MICROCHIP NO _____

REGISTERED OWNER _____ GSDAWA M/SHIP NO _____

ADDRESS _____

POST CODE _____ TELEPHONE NUMBER (_____) _____

E-MAIL ADDRESS _____

INSERT THE NAMES OF THE SIRE & DAM WITH TITLES AND GRADINGS e.g. Ch. BSCL1 or 11 AZ EX CDX

INCLUDE THE NAMES OF GRAND SIRE & GRAND DAMS WITHOUT TITLES AND GRADINGS

Sire:	Grand Sire:
	Grand Dam:
Dam:	Grand Sire:
	Grand Dam:

Instructions: Forward this completed form together with a photocopy of your dog's Certificate of Registration AND a stamped, self-addressed envelope to:

THE STATE H.D. REGISTRAR: *Vicki Beaton*
78 Carawatha Avenue
Mount Nasura WA 6112

AND cheque made payable to the **GSDCA (Inc):**

\$70.00 for hips and elbows
\$52.00 for hips only
\$35.00 for elbows only

All prices include GST. No other fee should be sent with this form.

PAYMENT BY CREDIT CARD:	
Cardholders Name:.....	
Card Number:.....	Exp. Date:...../..... (MM/YY)
Card Verification Number:.....	Amount: \$..... Signature:.....

Procedure

- apply for the contract from the State H.D. Registrar (above)
- book into your veterinarian **after** you have received the returned contract through the mail
- post x-ray plates, signed Hip & Elbow form, p/copy of Certificate of Registration & Stamped Self Addressed Envelope to the reader of your choice (R Lavelle **OR** J Richardson)

The instructions for the veterinarian taking the x-rays are on the Hip & Elbow Dysplasia Scheme form. Include Right or Left Marker, The Date, Dog's Name, State Contract No., GSDCA Tattoo AND/OR Microchip No. must be included on the x-ray.

NO STICKY LABELS!

NOTE:- Hip & Elbow Forms are issued in the name of the dog nominated and are not transferable.