

Office Use Only

Contract No:	Form Number:	Payment Method:	Date Issued:
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APPLICATION FOR GSDCA HIP AND ELBOW DYSPLASIA SCHEME FORM

REGISTERED NAME OF DOG _____

REGISTRATION NUMBER _____ DATE OF BIRTH _____

SEX M / F MICROCHIP NUMBER _____

REGISTERED OWNER _____ GSDAWA M/SHIP # _____

ADDRESS _____

POST CODE _____ TELEPHONE NUMBER (____) _____

E-MAIL ADDRESS _____

INSERT THE NAMES OF THE SIRE & DAM WITH TITLES e.g. Ch. BSC or AZINCLUDE THE NAMES OF GRAND SIRES & GRAND DAMS WITHOUT TITLES

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
PO Box 293
Serpentine WA 6125*

Payment details MUST be included on this form:**NO CASH/CHEQUES accepted.****\$72.00 for hips and elbows****\$54.00 for hips only****\$37.00 for elbows only**

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

PAYMENT BY DEBIT/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.**