**FORM FI: (7A)** 



REGISTERED PERSON/FACILITY ACQUIRING

## **Greyhounds Australasia**

Sandown Greyhound Racing Complex Lightwood Road Springvale 3171

Postal Address: P.O. Box 239 Springvale 3171

Telephone: (03) 9548 3500 Facsimile: (03) 9548 3488 Email: admin@galtd.org.au

## REGISTRATION AND ACQUISITION OF IMPORTED SEMEN

**PLEASE NOTE:** This form must be submitted by the approved person who acquires the overseas breeding unit(s), within 14 days of such acquisition.

Address\_\_\_\_\_

Name of facility imported units to be stored at \_\_\_\_\_\_

Telephone\_\_\_\_\_Mobile\_\_\_\_\_Email\_\_\_\_

\$60 PER UNIT

1.

Name\_

2. CIRCUMSTANCES OF ACQUISITION									
Name of Vet from which semen was collected									
Address of Vet									
PLEASE COMPLETE THE BELOW TABLE WITH IDENTITY OF BREEDING UNITS ACQUIRED									
STUD SIRE NAME	SIRE ID	FACILITY ID	DRAW/VIAL NUMBER	DATE SEMEN COLLECTED	SPERM / VIAL COUNT				

STUD SIRE NAME	SIRE ID	FACILITY ID	DRAW/VIAL NUMBER	DATE SEMEN COLLECTED	SPERM / VIAL COUNT			
	1							
	<u> </u>							
PLEASE RETURN THIS APPLICATION TO GA, WHO WILL DISCUSS YOUR REQUEST WITH YOUR RESPECTIVE CONTROLLING AUTHORITY  DISCLAIMER – Controlling Authorities have granted Greyhounds Australasia (GA) authority pursuant to respective state, territory or								
federal legislation to delegate administrative functions to GA for the collection and recording of data in respect of the FSI program. Controlling Authorities will continue to control and authorise registration in respect of regulating frozen semen practices, and as further referenced to on the GA website.								
PRIVACY - GA is committed to protecting the privacy of individuals' personal information. GA will abide by the National Privacy Principles set out in the Privacy Act 1988 (Commonwealth) and will only collect, use or disclose personal information as required in accordance with the Act and or to support registration and otherwise in accordance with GA's privacy policy as established from time to time and as amended from time to time.								
I certify that the above data is a true and accurate record of the acquisition or receipt of semen by me								
Signed	SignedDate							
Name								
TVanic								
PAYMENT DETAILS: - DO	O NOT SEND C	ASH IN THE MAIL.						
CHEQUE ☐ MONEY ORD	CHEQUE ☐ MONEY ORDER ☐ \$ MASTER CARD ☐ VISA ☐ AMOUNT: \$							
CARD HOLDERS NAME: _								
CARD NUMBER:				_CCV NUMBER:				
CARD EXPIRY DATE:CARD HOLDERS SIGNATURE:								
OFFICE USE								
Jurisdiction		Approving C	Officer					
Approval (Circle)	Granted	Denied	Date					