



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

APPLICATION TO REGISTER A NATIONAL STUD SIRE

FEE: \$1350

Please tick

Greyhound must be DNA tested prior to completing application
Semen evaluation must be undertaken and results provided
This request will be forwarded to your respective Controlling authority for approval

Name of Greyhound _____

Ear Brand _____ Microchip _____

Kennel Address _____

Owner/Studmaster Name _____ Registration No. _____

I _____ of the following

Address _____

Suburb _____ State _____ Postcode _____

Contact Phone Number/s _____

I declare that I agree to be bound by any applicable laws, regulations, by-laws and any Rules of Greyhound Racing and Breeding at the time of signing this application which may be amended from time to time.
 I declare that I have read and understood the requirements imposed under the Rules of Greyhound Racing and Breeding

Signature of Owner/Lessee _____ Print Name _____ Date _____

Signature of Studmaster _____ Print Name _____ Date _____

PAYMENT DETAILS: - DO NOT SEND CASH IN THE MAIL.

Cheque Money Order Amount: \$ _____ Master Card Visa Amount: \$ _____

Card Holders Name _____ Card No _____ CCV No _____

Card Expiry Date: _____ Card Holders Signature: _____

DISCLAIMER – Controlling Authorities have granted Greyhounds Australasia (GA) authority pursuant to respective state, territory or federal legislation to delegate administrative functions to GA. Controlling Authorities will continue to control and authorise registration in respect of regulating breeding practices.

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.

OFFICE USE				DNA _____
Jurisdiction _____	Approving Officer _____			Fertility _____
Approval (Circle)	Granted	Denied	Date _____	