

STUD SIRE NAME	SIRE ID	FACILITY ID	DRAW/VIAL NUMBER	DATE SEMEN COLLECTED	SPERM / VIAL COUNT

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 _____ Date _____

Name _____

PAYMENT DETAILS: - <u>DO NOT SEND CASH IN THE MAIL.</u>	
CHEQUE <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> \$ _____	MASTER CARD <input type="checkbox"/> VISA <input type="checkbox"/> AMOUNT: \$ _____
CARD HOLDERS NAME: _____	
CARD NUMBER: _____	CCV NUMBER: _____
CARD EXPIRY DATE: _____	CARD HOLDERS SIGNATURE: _____

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