



**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: \$1275**

*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.

<b>OFFICE USE</b>				DNA _____
Jurisdiction _____	Approving Officer _____			Fertility _____
Approval (Circle)	Granted	Denied	Date _____	