

## APPLICATION FOR TOOTH CERTIFICATE

### ANIMAL DETAILS

Name of Dog:

Registration Number:

Date of Birth:

Microchip Number:

Surveyed:

### OWNER DETAILS

Name(s) as per pedigree:

Contact Email:

Contact Telephone:

### VETERINARIAN DETAILS

Veterinarian Name:

Contact Email:

Contact Telephone:

### AGREEMENT

By submitting this form I/we, as per above, understand that all costs associated with gaining specialist dental opinion will be paid by the owner. A fee of \$40 is to be paid, as per instructions below to the GSDCA, prior to the issuing of a Tooth Certificate.

Please attach a copy of the pedigree, the x-ray proving that a normal, healthy, developed adult tooth existed at a point of time (provided by the owner) which **must identify radiographically the GSDCA Tattoo Number (for dogs born before 1st July 2017 only) and/or microchip number as recognised by the GSDCA.**

**PLEASE NOTE :** The x-ray must be taken in accordance with the GSDCA regulation for acceptance of x-ray plates or digital x-rays (Refer to GSDCA Regulation titled Acceptance of x-ray plates and computer radiography generated images (digital x-rays). Please refer to GSDCA Regulations 3.5 for further information.

### PAYMENT INSTUCTIONS

**PAYMENT:** To be made with the application by EFT or Credit Card. Please complete the form and send to the NBC Chairperson via email [nbc@gsdcouncilaustralia.org](mailto:nbc@gsdcouncilaustralia.org)

**EFT details:** Westpac Bank Account Name: GSDCA BSB No: 035 034 Account No: 401558.  
Please include your surname as a reference.

### CREDIT CARD DETAILS

VISA Mastercard Card number:

Exp Date:

Name as shown on Credit Card:

CVN (3 digit number on reverse side of Credit Card)

