

THE IRISH WOLFHOUND CLUB OF NSW INC.

BREEDERS LIST APPLICATION/RENEWAL

I/We wish to be included on the Breeders List of the Irish Wolfhound Club of NSW Inc. for the year 1/7/23 to 30/6/24.

Name/s: _____

Address: _____

Country: _____ Post Code: _____

Telephone: Home: _____ Work: _____

Email: _____

PREFIX: _____

CANINE COUNCIL MEMBERSHIP NUMBER: _____

I/We agree to abide by the rules and regulations of the Irish Wolfhound Club of NSW Inc. which includes **Liver Shunt Testing** of all puppies and microchipping of all puppies prior to sale or transfer of ownership. I/We understand that I/we will be required to complete a **Liver Shunt and Microchip Confirmation Form** for each litter whelped to remain on the Breeders List. The **Liver Shunt and Microchip Confirmation Form** must be returned to the Secretary within 14 days after Liver Shunt test results are received.

I/We have been a financial member/s of the Irish Wolfhound Club of NSW Inc for more than 2 years.

The Club may from time to time request proof of Liver Shunt testing

Signature: _____ Date: _____

Signature: _____ Date: _____

Fees: \$20 The Breeders List fees run from 1 July to 30 June each year

Please forward application with payment to:

The Treasurer
Ms M Patison
PO Box 3080
ROUSE HILL NSW 2155