



**THE GERMAN SHEPHERD DOG LEAGUE OF NSW INC.,  
HD/ED APPLICATION FORM FOR X-RAY CONTRACT**

Please use **BLOCK (CAPITAL) LETTERS** for all hand written applications.

**DOG'S NAME:** \_\_\_\_\_

**SIRE:** \_\_\_\_\_

**DAM:** \_\_\_\_\_

**TATTOO NUMBER (if Applicable):**

**AND/OR**

**MICROCHIP NUMBER:**

**OWNER'S NAME** \_\_\_\_\_  
(As per ANKC Registration Papers)

**GSDL MEMBERSHIP NUMBER:**

(If you are not a member you may apply using the link below)

**PHONE NO:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**TICK THE BOX FOR THE READER YOU WISH.**

**DR. RICHARDSON**

**DR. LAVELLE**

Complete form and send to – Miss Jess Kada  
62 Orchard Road  
Kangy Angy NSW 2258  
Phone: 0413 008 092

**Please include:**

- **BUSINESS SIZED, STAMPED, SELF ADDRESSED ENVELOPE for the Return of the form.**
- **A COPY OF THE ANKC REGISTRATION CERIFICATE**
- **HIP AND ELBOW PAYMENT - IF BY CHEQUE: THE GERMAN SHEPHERD DOG COUNCIL OF AUSTRALIA**
- **NON-MEMBER: Go to MEMBERSHIP APPLICATION:**
- **<https://gSDL.info/about-us/forms/>**

**HIP & ELBOW - \$72**       **HIPS ONLY - \$54**       **ELBOWS ONLY \$37**       **APPEAL \$130**

<b>PAYMENT BY CREDIT CARD:</b>	
Contract Amount:    \$ _____	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Expiry Date: ____/____	
Cardholders Name: _____	
Card Number:	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Signature: _____