



**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** **Dr. ANA HAYES**

Complete form and send to – Karen Johnson
43B Suttor Road
Moss Vale NSW 2577
Phone: 0400 005 401

Please include:

- **BUSINESS SIZED, STAMPED, SELF ADDRESSED ENVELOPE for the Return of the form.**
- **A COPY OF THE ANKC REGISTRATION CERIFICATE**
- **NON-MEMBER: Go to MEMBERSHIP APPLICATION:**
- **<https://gsdl.info/about-us/forms/>**

HIP & ELBOW - \$77 **HIPS ONLY - \$59** **ELBOWS ONLY \$42** **APPEAL \$135**

PAYMENT BY CREDIT CARD:	
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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature: _____	