



ADULT REFERRAL REGISTRATION FORM

- 1. Complete all details on this form.
- 2. Send the adult referral form to the Adult Referral Officer.
- 3. Photos of the dog can be emailed to: **puppies@flcv.org**

Name of Owner:

FLCV Member No (if applicable):.....

Address:

.....Post Code:.....

Email:

Telephone: HomeWork

Website:

ADULT DOG DETAILS

Name of Dog:Male.....Female.....

Registration number (if known):.....

Date of birth:

Does the above listed dog have a contract/agreement in place for re-homing? YES / NO

Have all endeavours been made to contact the breeder of the Dog? YES / NO

Comments if necessary.....

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Further details of the dog (colors/markings/temperament/health etc.).....

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I declare that I am the registered owner of the above listed dog, that I have made all endeavours to contact the breeder of the Dog, that there is not currently a contract /agreement in place for re-homing of the dog and that the information on this form is correct to the best of my knowledge. I understand that the FLCV does not assess or recommend any of the prospective new owners that come through the FLCV website. I will notify the Adult Referral Officer as soon as the dog has been re-homed.

Signed:..... Date:

The Adult Referral Register will continue to refer each DOG for a period of 3 months, or as notified.

Please complete and send to:

**FLCV Puppy/Adult Referral Officer
PO Box 248
Ballan VIC 3342**

Or: email to: puppies@flcv.org