

1. DOG'S PEDIGREE NAME _____

PET NAME _____

DOG'S REG No _____

BREED _____

DATE OF BIRTH ____/____/____

SEX _____

CAWA NUMBER _____ Sterilized? YES NO (circle)

2. DOG'S PEDIGREE NAME _____

PET NAME _____

DOG'S REG No _____

BREED _____

DATE OF BIRTH ____/____/____

SEX _____

CAWA NUMBER _____ Sterilized? YES NO (circle)

DO YOU HOLD A CURRENT FIRST AID CERTIFICATE? YES NO

EMERGENCY CONTACT DETAILS:

Name:

Relationship:

Phone: Mobile:

In case of Emergency do you have any relevant medical issues/allergies?
(optional)

I/We hereby apply for membership and agree to be bound by TrackWest Dog Club (Inc) Rules and Regulations.

Applicant's Signature(s).

Date

IMPORTANT

**YOU AND YOUR DOG MUST BE A FINANCIAL MEMBER OF CAWA,
BEFORE YOU ARE PERMITTED, TO ENTER A TRIAL.**