



**The German Shepherd Dog League Inc of NSW
HD/ED APPLICATION FORM FOR X RAY CONTRACT**

DOG'S NAME: _____

Sire: _____

Dam: _____

TATTOO NUMBER: _____

AND OR

MICROCHIP NUMBER: _____

OWNER'S NAME: _____

Phone number: _____

TICK THE BOX FOR THE READER YOU WISH

Dr Richardson

Dr Lavelle

Complete form and send to:

**Jodie Carroll
26 Rose Street
Wilberforce 2756 NSW
0412 980 580**

Include a BUSINESS SIZED SELF ADDRESSED envelope for return of the form

Payment to: German Shepherd Dog Council of Australia

Hip & Elbow \$65 Hips Only \$47 Elbows Only \$30.00