



AGILITY DOG ASSOCIATION OF AUSTRALIA LTD

ABN 83 070 415 404

**APPLICATION FOR HEIGHT
RE-MEASUREMENT**

NAME OF DOG: **REGST'D NO:**.....

REGISTERED OWNER(S) OF DOG:

MR/MRS/MISS/MS SURNAME: **FIRST NAME:**

MEMBERSHIP NO: **Email:**.....

MR/MRS/MISS/MS SURNAME: **FIRST NAME:**

MEMBERSHIP NO: **Email:**.....

POSTAL ADDRESS:

SUBURB: **STATE:** **POST CODE:**

PHONE: work home mobile

DOG'S CURRENT HEIGHT RECORDED BY ADAA:.....

DOG'S AGE AT DATE OF PREVIOUS MEASURING:

REASON FOR APPLICATION FOR HEIGHT RE-MEASUREMENT:

.....

.....

SIGNATURE: **DATED:**

SIGNATURE: **DATED:**

OFFICE USE ONLY:

APPROVED/DECLINED:

DATE:.....

JUDGES APPOINTED TO RE-MEASURE:

RESULT OF RE-MEASURE:

.....