



LITTER REGISTRATION REQUEST # _____



STANDARD PREMIUM REGISTRATION

Name of Selected Breed Club: _____

Breed: _____ hair: _____ size: _____

Kennel name: _____ Breeder: _____

Address: _____ Phone number: _____

Mailing addr.: _____ E-mail: _____

Litter whelped: _____ year _____ month _____ day Puppy count: _____ males, _____ females

Chip implanting Vet's name, address: _____

	SIRE	DAM
Name:		
Registration no.:		
Coat colour / size:		
Place and date of Breeding license:		
Health tests:		
Show results:		

Kennel name: <input type="checkbox"/> in front, <input type="checkbox"/> behind OFFSPRING			
males		females	
individual name	colour / hair type	individual name	colour / hair type
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	
7.		7.	
8.		8.	

Under penalty of perjury I certify that the information above is true and correct.

Date: _____, 20 ____ year ____ month ____ day

Signature of Breeder

I'LL COME TO PICK IT UP. PLEASE SEND OUT BY MAIL to my mailing address above.

To be filled by Office	Ellenőrzésre: _____	Postázva: _____	Átvéve: _____ →	All data checked, correct: _____
	<input type="checkbox"/> jóváhagyva			

Attachments: original Mating Certificate, original Microchip Implanting Certificate, copy of parents' pedigree (both sides), breeding license, health certificates, show result documents, proof of payment of service fee, copy of MEOESZ membership card / NOT member