Registered name of dog:

Color:

Gender:

Height at shoulders: (Please attach a copy of a signed statement from your veterinarian verifying the dog’s height. Alternately official agility or obedience height cards and measurements also count as proof of height.)

Weight:

Birthdate:

Sire:

Dam:

Is this dog currently registered with another association? Please attach copy of registration papers

Breeder:

Owner’s name:

Owner’s address:

Owner’s phone number:

Owner’s email:

Co-owner’s name:

Co-owner’s address:

Co-owner’s phone number:

Co-owner’s email:

Attach 1 photo of the dog taken from the front and 1 taken from the side

Please attach pedigree for this dog. If applying for Full Registration with breeding privileges please attach copies of this dog’s tests for Von Willbrands Disease, Collie Eye Anomaly, Degenerative Myelopathy, and MDR1 drug sensitivity.

Please include the registration fee. Accepted payment methods are Paypal, checks, and money orders

This form can be emailed or mailed.

Owner signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-owner Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_