Application for Miscellaneous Certification

IMPORTANT NOTICE: Canadian law requires that new owners receive their Certificate of Registration within six (6) months of date of sale. This applications is not a Certificate of Registration and must not be represented as such.

Litter Registration #: MINIATURE AMERICAN SHEPHERD Males: Females:

Date of Birth:

Sire:

Dam:

Breeder:

Owner at Birth:

For office use only

CMK-620A

A DOG NAME CHOICES

Please complete this form in ink and legible printing.

First Name Choice

Second Name Choice

Third Name Choice

Colour code **Variety / Coat Classification (if applicable)**

Indicate if certificate is to be issued in ☐ **English** ☐ **French**

Indicate Gender: ☐ **Male** ☐ **Female**

I grant permission to use the following reserved kennel name:

Signature of Kennel Name Owner

Signature of Kennel Name Owner

B IDENTIFICATION SECTION

Complete either the microchip section or the tattoo information section.

MICROCHIP

Date dog was implanted: D M Y

TATTOO

Tattoo Series RE RF LE LF

Tattoo Number and Year Letter RE RF LE LF

RE = Right Ear **LE = Left Ear**
RF = Right Flank **LF = Left Flank**

Tattoo Date: D M Y

C DOG RECOVERY INFORMATION

Call Name

Emergency Contact Name

( ) –

Emergency Contact Telephone Number

For office use only

- Please complete Transfer section on reverse side.
- Owner at birth must sign on reverse side.

200 RONSON DRIVE, SUITE 400, ETOBICOKE, ONTARIO M9W 5Z9 TEL (416) 675-5511 FAX (416) 675-6506 www.ckc.ca

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NOTE

1. **Co-Ownership:** If this dog will be registered to the seller(s) and a new owner, please complete CKC Co-Ownership Form (#101-06-05) and attach to this application.
2. **Non-Breeding Agreement:** If this dog will be registered on a Non-Breeding basis, please complete CKC Non-Breeding Agreement Form (#101-05-05) and attach to this application.
3. Any alterations on this form other than address changes require a written explanation.
4. Any unused forms must be returned to The Canadian Kennel Club.

D TRANSFER SECTION

If the dog is sold or otherwise disposed of, complete this Transfer Section. Fees are assessed on all transfers of ownership.

Please note: When completing Transfer Section, be specific in "Title" section (i.e. Mr., Mrs., Ms, DR.)

Date of Transfer/ Date of Sale D M Y

Date the new owner took possession of the dog D M Y

Dog sold for ☐ Breeding and/or exhibiting purpose ☐ House pet

OWNER(S)

Last Name of New Owner #1 | Title | First Name | CKC Membership Number

Last Name of New Owner #2 | Title | First Name | CKC Membership Number

Last Name of New Owner #3 | Title | First Name | CKC Membership Number

Last Name of New Owner #4 | Title | First Name | CKC Membership Number

Complete Mailing Address for Owner #1 (include Street Number, Unit number, etc.)

City | Prov | Postal Code | Apartment/Unit

Telephone Number | Email Address

E

I / we certify that all of the information contained in this application is true and may be verified upon request.

Signature of Owner # 1 at Birth — Date

Signature of Owner # 3 at Birth — Date

Signature of Owner # 2 at Birth — Date

Signature of Owner # 4 at Birth — Date

To verify information during normal business hours, contact me at ( ) –

CKM-620B

Payment Options

☐ Visa ☐ Mastercard ☐ Cheque ☐ Bill Member Account

Credit Card Number

Clearly Print Cardholder Name

Expiry Date:

Amount: $.

Authorized Cardholder Signature

For Office Use Only

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