|  |  |
| --- | --- |
| Date of Application: |  |

## INSTRUCTIONS TO APPLICANT

Please note, AMDCA membership must be up-to-date in order to register a dog.

Submit two photographs of your dog (one a standing front view, and the other a standing side view) along with this completed application form to the Club's Registrar.

Include a check for $15 payable to AMDCA or pay via PayPal.

You should receive your registration certificate and 3-generation pedigree in four to six weeks

## DOG INFORMATION

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name of Dog: | |  | | | | | Call Name: | |  | | |
| Litter Registration #: | | |  | | | D.O.B: |  | | | Sex: |  |
| Color: |  | | | Microchip #: |  | | | Tattoo #: | |  | |

**SIRE:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | Registration *#:* | |  | | D.O.B. |  | |
| Health Results: | | | Hips: |  | | Elbows: | |  | Patella’s: |  | Color: |  | |
| Owner: |  | | | | |  | | |  | |  | | |
|  | *Last* | | | | | *First* | | | *M.I.* | | *Kennel Name* | | |
| Phone #: | |  | | Email: |  | | | | | | | Country: |  |

**DAM:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | Registration *#:* | |  | | D.O.B. |  | |
| Health Results: | | | Hips: |  | | Elbows: | |  | Patella’s: |  | Color: |  | |
| Owner: |  | | | | |  | | |  | |  | | |
|  | *Last* | | | | | *First* | | | *M.I.* | | *Kennel Name* | | |
| Phone #: | |  | | Email: |  | | | | | | | Country: |  |

## BREEDER

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | |  | |  |  |
|  | *Last* | | *First* | | *M.I.* | *Kennel Name* |
| Address: |  | | | | |  |
|  | *Street Address* | | | | | *Apartment/Unit #* |
|  |  | | | |  |  |
|  | *City* | | | | *State/Province* | *Zip/Postal Code* |
| Phone #: |  | Email: | |  | | |

## OWNER

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | |  | |  |  |
|  | *Last* | | *First* | | *M.I.* | *Kennel Name* |
| Address: |  | | | | |  |
|  | *Street Address* | | | | | *Apartment/Unit #* |
|  |  | | | |  |  |
|  | *City* | | | | *State/Province* | *Zip/Postal Code* |
| Phone #: |  | Email: | |  | | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Please type in your full name if submitting electronically.

## OWNER 2 / C0-Owner (if applicable)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | |  | |  |  |
|  | *Last* | | *First* | | *M.I.* | *Kennel Name* |
| Phone #: |  | Email: | |  | | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Please type in your full name if submitting electronically.

## SUBMIT APPLICATION AND ATTACHMENTS TO:

Debbie Dales, AMDCA President and Registrar

Email [derocheappenzellers@gmail.com](mailto:derocheappenzellers@gmail.com)

or mail your completed application to AMDCA to:

Debbie Dales, 42095 Husband Road, Deroche, B.C. V0M 1G0 Canada

## PAYMENT METHOD

Please submit $15 via Paypal to AMDCA Treasurer, Audrey Lyke, [audrey.lyke@gmail.com](mailto:audrey.lyke@gmail.com)

or mail your cheque payable to AMDCA to:

Audrey Lyke, 3516 Hopkins Dr., Wilmington, DE 19808 USA.

***To avoid delays in processing, please note that the payment is for “Individual Dog Registration”.***