

# MINIATURE SHAR-PEI CLUB OF AMERICA

P.O. Box 1433 Portage, Michigan 49081

## APPLICATION FOR LITTER REGISTRATION

⇒ One parent is not registered through the MSPCA. Please use the "Application for Mini to Mini Litter Registration" form if both parents have M numbers.

- Application Fee:  
    \$13.00 - Members  
    33.00 - Non-members
- A 3 Generation AKC Pedigree must be provided for the **Non** MSPCA registered parent. \_\_\_\_\_
- Application to register litter must be received within 120 days of date of birth. Applications received after this time will require a \$20.00 member fee (non-member fee of \$40.00) and may be subject to review by the Registrar before granting registration.
- All owners of record must sign where signatures are required.
- Application for registration of litter produced by artificial insemination from fresh extended or frozen semen requires a \$23.00 fee. The litter application must be accompanied by a completed official A.I form signed by a licensed veterinarian authorized to perform the insemination.
- Any alteration or erasure of this form may necessitate return of the application.

### FOR OFFICE USE ONLY

Rec'd. at P.O. Box: \_\_\_\_\_ Amt. Rec'd: \_\_\_\_\_ Ck: \_\_\_\_\_  
Rec'd. by Registrar: \_\_\_\_\_ L#: \_\_\_\_\_ Mailed: \_\_\_\_\_

Notes:

Please Print or Type

**SECTION 1 - To be completed by owners(s) of the Bitch**

REGISTERED NAME OF BITCH: \_\_\_\_\_ M or AKC #: \_\_\_\_\_

OWNER OF BITCH (at time of breeding): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Owner (if any): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I/We certify that all of the information on this form is true and correct:

Owner Signature: \_\_\_\_\_

Co-Owner Signature: \_\_\_\_\_

**SECTION 2 - To be completed by owner(s) of the Sire**

REGISTERED NAME OF SIRE: \_\_\_\_\_ M or AKC #: \_\_\_\_\_

OWNER OF SIRE (at time of breeding): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

CO-OWNER (if any): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

DATES OF BREEDING: \_\_\_\_\_ BREEDING WAS: Check One: \_\_\_\_\_ Natural \_\_\_\_\_ Artificial

OWNER SIGNATURE: \_\_\_\_\_

CO-OWNER SIGNATURE: \_\_\_\_\_

**SECTION 3 - Litter Description**

Date Whelped: \_\_\_\_\_ Number of Puppies Born: \_\_\_\_\_ Number of Puppies Died: \_\_\_\_\_

#	Sex	Color	#	Sex	Color	#	Sex	Color
1			4			7		
2			5			8		
3			6			9		