

PEDIGREE APPLICATION FORM

This part of the form will be filled in by the Raad van Beheer.

Breed: _____

Date of birth: _____

The bitch whelped ___ Males and ___ Females

Breeder (owner of mother):

Name: _____

Street: _____

Zip Code: _____ **City:** _____

Phone: _____

Member of association: Yes/ No
Same Address of Litter? Yes/No

Country: _____

Email: _____

Owner of stud:

Name: _____

Street: _____

Zip Code: _____ **City:** _____

Date of Mating: _____

Country: _____

Sire - Registered Number: _____

Dam - Registered Number: _____

Registered Kennel name: _____

Kennel Number: _____

(provided by RvB)

Name, Sex, and Registration Number are listed by RvB below. Please add the color and chip number for each pup.

If all pups are the same color, you need to only state COLOR here: _____

Name of the pup without the kennel name	Sex	NHSB Number – Chip/Tattoo Number
Name: Color:	Male / female*	
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Name: Color:	Male / female*	
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The breeder agrees with the statements made on this form.

Place: _____

Date: _____

Signature: _____ **Name of Chipper:** _____