

AUSTRALIAN BULLDOG SOCIETY
APPLICATION FOR REGISTRATION OF DOGS

PREFIX/KENNEL NAME: (If no previous kennel name, please give two choices)

CHOICE 1:.....

CHOICE 2 (only if no previous kennel name):.....

BREEDER'S NAME&PHONE NO:

DATE LITTER WHELPED:.....**LITTER HEALTH FORM ATTACH'D: Y/N**

NAME OF SIRE:.....**REG.NO:**.....

NAME OF DAM:.....**REG.NO:**.....

Puppy 1: Name(1st choice).....**(2nd choice)**.....

Sex: M/F **Colour:**.....**Microchip No.**.....

Owner's name/address if known:.....

Puppy 2: Name(1st choice).....**(2nd choice)**.....

Sex: M/F **Colour:**.....**Microchip No.**.....

Owner's name/address if known:.....

Puppy 3: Name(1st choice).....**(2nd choice)**.....

Sex: M/F **Colour:**.....**Microchip No.**.....

Owner's name/address if known:.....

Puppy 4: Name(1st choice).....**(2nd choice)**.....

Sex: M/F **Colour:**.....**Microchip No.**.....

Owner's name/address if known:.....

Puppy 5: Name(1st choice).....**(2nd choice)**.....

Sex: M/F **Colour:**.....**Microchip No.**.....

Owner's name/address if known:.....

Puppy 6: Name(1st choice).....**(2nd choice)**.....

Sex: M/F **Colour:**.....**Microchip No.**.....

Owner's name/address if known:.....

If there are more than 6 puppies in the litter repeat this form and renumber.