



# Application for Registration of a Dog Born in Canada

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

Litter Registration #: (BORDER COLLIE)	Males:	Females:
Date of Birth:		
Sire:		
Dam:		
Breeder:		
Owner at Birth:		
For office use only		

## A DOG NAME CHOICES

Please complete this form in ink and legible printing.

First Name Choice	<input type="text"/>
Second Name Choice	<input type="text"/>
Third Name Choice	<input type="text"/>
Colour code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Variety / Coat Classification (if applicable)	<input type="text"/>
Indicate Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Indicate if certificate is to be issued in <input type="checkbox"/> English <input type="checkbox"/> French
I grant permission to use the following reserved kennel name:	<input type="text"/>
Signature of Kennel Name Owner	Signature of Kennel Name Owner

## B IDENTIFICATION SECTION

Complete either the microchip section or the tattoo information section.

<div style="background-color: black; color: white; padding: 5px; writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">MICROCHIP</div> <div style="border: 1px dashed black; width: 300px; height: 100px; margin: 10px 0;"></div> <p>Date dog was implanted:</p> <table style="border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> </tr> </table>	D	M	Y	<div style="background-color: black; color: white; padding: 5px; writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">TATTOO</div> <p>Tattoo Series: <input type="text"/></p> <p>Tattoo Number and Year Letter: <input type="text"/></p> <p>Tattoo Date: <input type="text"/></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">RE</td> <td style="border: 1px solid black; width: 20px; text-align: center;">RF</td> <td style="border: 1px solid black; width: 20px; text-align: center;">LE</td> <td style="border: 1px solid black; width: 20px; text-align: center;">LF</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">RE</td> <td style="border: 1px solid black; width: 20px; text-align: center;">RF</td> <td style="border: 1px solid black; width: 20px; text-align: center;">LE</td> <td style="border: 1px solid black; width: 20px; text-align: center;">LF</td> </tr> </table> <p>RE = Right Ear    LE = Left Ear RF = Right Flank    LF = Left Flank</p>	RE	RF	LE	LF	RE	RF	LE	LF
D	M	Y										
RE	RF	LE	LF									
RE	RF	LE	LF									

## C DOG RECOVERY INFORMATION

Call Name	<input type="text"/>
Emergency Contact Name	<input type="text"/> ( <input type="text"/> ) <input type="text"/> - <input type="text"/>
Emergency Contact Telephone Number	

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

