

BBCR Single Dog Registration Application

Residing Within The United States

Bull Breed Coalition Registry Registration P.O. Box 464427 Lawrenceville, GA 30042

Owner Information:	PLEASE WRITE CLEARI	.Y. BBCR IS NOT	TRESPONSIBL	LE FOR ERRO	RS CAUSE	D BY ILL	EGIBLI	E HAND	WRITI	۱G.	
Are both Owners' signatures required if this dog is sold or when registering a litter of puppies? Yes No											
First Name:	MI: _	I	ast Name: _								
Street Address:											
City:			_ State:			Zip:					
Email:			C	Contact #: _							
"I/We attest that all of the information and facts included on this form are true and correct. I further attest that the dog for which Single Registration is being applied: a) meets the BBCR breed standard for the breed for which it is being registered; b) does not exhibit any of the breed standard disqualifications; and c) is a good specimen of that breed. I/We agree to follow the BBCR Breeder Code of Ethics should I/we decide to breed this dog."											
Signature Of Owner:											
Co-Owner (optional)											
First Name:		MI:	Last N	Name:							
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Signature Of Co-Owner:					-						
Registering Dog Name as Sh	own on Pedigree (maximum	characters 30)									
Breed:	(Gender:		Date Of Bi	rth:	/		/			
Color: C	Current Registry:	sistry:			Current Registration Number:						
SIRE Name as Shown on Pedigr	ee (maximum characters 30)										
Color:	Current Registry:		Curr	ent Registra	ation Nur	nber:					
DAM Name as Shown on Pedign	ree (maximum characters 30)										
Color:	Current Registry:		Curr	ent Registra	ation Nur	nber:					

Send a copy of the front and inside of your Pedigree Certificate (3 Generations) for verification of ownership and linage of the dog. Please see www.bullbreedcoalitionregistry.com for a listing of registries accepted by the BBCR. Please mail all completed documents to the address listed above. BBCR accepts Money Orders, Cashier Checks & Personal Checks made payable to Bull Breed Coalition Registry.

Fees: \$20.00 Per Dog

Credit Card Information								
	MC	Visa Discover						
Cardholder's Name:								
Cardholder's Address:								
Credit Card #:		Exp. Date:						
BBCR Office Use Only: Declined	Approved	Auth #:						