

United Schutzhund Clubs of America

Individual Dog Registration Application

All information must be typed or printed neatly

A copy of the dog's Registration from any FCI Member Kennel Club MUST accompany this application for USA registration. Copies of USA recognized working titles, show ratings, breed surveys and hip ratings not already on file with the USA Office must be submitted with this application or they will not appear on the USA Registration.

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Name of Dog									∏ Ma ∏ Fe	ale emale	Date of Bi	rth	Cou	intry of Birth
Recognized Working Titles		Show Ra	ating	OFA# a	ind rating or '	'a" Stamp	rating	_						
AKC Registration # SV Registration #				Other Registration #				Type of Coat						
Colors and Markings					Name of Breeder							Date	of Purch	nase
Sire Information:												<u> </u>		
Name of Sire				USA Reg. #		,	AKC Reg. #		SV I		Other Reg. #			
Recognized Working Titles	Breed Survey		Show Rating		OFA# and rating or "a" Stamp			rating						
Dam Information:				<u>I</u>										
Name of Dam			USA Reg. #		AKC Reg. #			SV Reg. #				Other R	Reg. #	
Recognized Working Titles	Breed Survey		Show Rating		OFA# and rating or "a" Stamp			rating						
Owner Information:														
Owner				USA # Co-Owner										USA#
Address				•	Cit	у					State		Zip	•
Phone		Fax					E	E-Mail						
Identification:		<u> </u>												
All dogs registered with USA USA Breed Warden, License Office before the pedigree w	ed Veterinarian, N													
I certify that I have exami		of this doa.												
	croship Number			ion of Tattoo ight Ear L			T-Inner Right	Thigh	ILT-Inne	er Left Th	nigh A -	Abdom	nen	
Signature & Date				Ti	itle				Phone					
D (1.6														
Payment Information:		dog registrati												
☐I have enclosed a ch	•		DIE TO USA									_		
Charge My Visa	MasterC	ard			\vdash			_			-	-		
Expiration Date:	Se	curity Code:					Date Proce	essed	\$		Auth Nr			
I certify that all information or could include expulsion of Signature of Owner	this application					g regis		I may res					rivileg	
Mail Application,							For Office Use							
Documents and Fee to:	United Schutz 19 Fox Valley Arnold, MO 6	Ctr					Date Recei	ved		Date of Iss	sue		USA#	