

CONTINENTAL KENNEL CLUB

LITTER APPLICATION FORM

Once this Litter Application Form is processed, Pre-Printed Puppy Applications for each puppy in the litter will be mailed to the breeder at NO COST. Check out valuable NEW puppy litter products from Continental Kennel Club on the back of this Litter Application Form.

In order to register a litter with Continental Kennel Club, the litter must be under one (1) year of age.

If the breeder owns both the sire and the dam of the litter, then **both must be registered with Continental Kennel Club** in order to register the litter.

This form is **not** required and the litter may be registered online or by phone if both the sire and dam are CKC registered.

This form is required to register a litter if the sire is registered with another CKC-recognized registry and is not owned by the breeder. In this case, the breeder must complete the Breeder and Litter Sections and the owner of the sire must complete the Sire Owner Section. A copy of the sire's registration certificate from a CKC-recognized registry must also be submitted along with this form.

If the sire is not registered with CKC, you may view a list of CKC-recognized registries at ckcusa.com/abv.

BREEDER SECTION

BREEDER NAME _____

BREEDER ADDRESS _____

CITY/STATE/ZIP CODE _____

PHONE NUMBER (DAY) _____ EMAIL _____

BREEDER SIGNATURE _____ CKC MEMBER# _____

I have included a copy of the sire's registration certificate from CKC or a CKC-recognized registry.

LITTER SECTION

BIRTHDATE OF LITTER _____ NUMBER OF PUPPIES IN LITTER _____

BREED _____

SIRE NAME (FATHER) _____ SIRE CKC # _____

DAM NAME (MOTHER) _____ DAM CKC # _____

SIRE OWNER SECTION

SIRE OWNER NAME _____

SIRE OWNER ADDRESS _____

CITY/STATE/ZIP CODE _____

PHONE NUMBER (DAY) _____ EMAIL _____

SIRE NAME _____ SIRE CKC # _____

SIRE OWNER SIGNATURE _____ CKC MEMBER# _____

**Submit this completed application
by mail, fax, or email to:**

Continental Kennel Club Inc.

MAIL P.O. BOX 1628 , Walker, LA, 70785

PHONE (800) 952-3376 FAX (888) 470-7813

EMAIL ckc@ckcusa.com WEB www.ckcusa.com

BREEDER BARGAINS



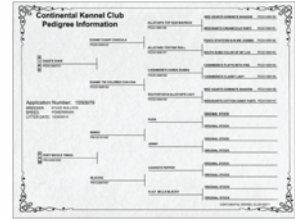
PUPPY STARTER KIT

An affordable way for CKC Breeders to prepare every new puppy owner for success.



PUPPY HEALTH & VACCINATION RECORD FOLDERS

These useful document sleeves are made of heavy card stock, perfect for holding a puppy's information.



LITTER PEDIGREE

A great way to add value to your CKC registered pups.



PRO-ID MINI MICROCHIP

The best made microchip pre-loaded into a familiar syringe with a great price.



POCKETHERO MICROCHIP SCANNER

Check the Chip' anytime, anywhere! Introducing the PocketHero™ microchip reader.



ONLINE ADVERTISING

Maximize your exposure to potential puppy buyers by placing an ad on the CKC website.

SERVICE OPTIONS

<input type="checkbox"/>	Puppy Health & Vaccination Record Folder 5-PK	\$8.00	<input type="checkbox"/>	Pro-ID Microchips (5 Pack)	\$50.00
<input type="checkbox"/>	Puppy Health & Vaccination Record Folder 10-PK	\$12.00	<input type="checkbox"/>	Pro-ID Microchips (10 Pack)	\$90.00
<input type="checkbox"/>	Litter Pedigree <small>Order and receive one pedigree for each puppy in the CKC-registered litter.</small>	\$10.00	<input type="checkbox"/>	PocketHero Microchip Scanner	\$59.95
<input type="checkbox"/>	Puppy Starter Kit 5-PK	\$20.00	<input type="checkbox"/>	Basic Web Ad (fill out below)	\$5.00 <small>per month</small>
<input type="checkbox"/>	Puppy Starter Kit 10-PK	\$30.00			

TOTAL PAYMENT

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AD INFORMATION

AD DURATION: _____ months (\$5.00 per month)

YOUR KENNEL NAME OR AD TITLE: _____

AD CONTENT: DO NOT include personal information from reverse page (e.g. email, phone number, etc.) These are automatically added to your ad and don't count toward your character limit. 74 character limit, including spaces.

- The "Ad Title" will also serve as your ad's URL.
- Titles should be made unique as possible. (e.g. Happy Puppy Kennels or CKC Labs for Sale)

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PAYMENT METHOD (Make Checks Payable to "Continental Kennel Club")

PAYMENT TYPE (check one) CHECK MONEY ORDER VISA MASTERCARD DISCOVER AMEX

Complete the fields below if you are not submitting a check or money order as payment for selected services and/or products.

CARD NUMBER

CARDHOLDER NAME (PRINT)

EX. DATE (MM/YY)

BILLING ZIP

CARDHOLDER SIGNATURE

DATE (MM/DD/YY)