

NLGDC Breeder Registration Form

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| **Member / Kennel Name** |
| **First Name** |  | **Last Name** |  |  |  |
| **Kennel Name** |  | **Address** |  |
| **City** |  | **State** |  | **Zip Code** |  |
| **Phone** |  | **Email** |  | **Member Status** |  |
| **Kennel Info** |
| **Name** |  | Est.  |  |  |  |
| **Address** |  |  |  |
| **City** |  | **State** |  | **Zip Code** |  |
| **Phone** |  | **Email** |  |  |  |

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| **Certificate of Health** |
| **Hip** |  |  |  |
| **Elbows** |  |  |  |
| **Eyes** |  |  |  |
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| **Litter Info** |
| **Litter No.** | **Qty** | **Delivery /** | **Sire / FDSB** | **Dame / FDSB** | **program prem/ standard** |
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| **NLGDC Info.** |
| *Put your text here* |
| *NLGDC Authorized Name* | *Date* | *Signature* |

**‎Created:Saturday, ‎14 ‎March, ‎2020**