



# Application for Miscellaneous Certification

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

Litter Registration #: **MINIATURE AMERICAN SHEPHERD**      ~~Males:~~      ~~Females:~~

Date of Birth: **10 February 2016**

Sire: **Kennelname's Papa Dog**

Dam: **Kennelname's I'm The Mama**

Breeder: **Mary Pretend**

Owner at Birth: **Mary Pretend**  
**123 Make believe Lane**  
**Halifax, NS**

**CMK-620A**      **BIA 1B2**      For office use only

**A DOG NAME CHOICES**      Please complete this form in ink and legible printing.

**Kennelname** **Baby Dog**

First Name Choice

**Kennelname's** **Baby Dog**

Second Name Choice

**Kennelname** **Babydog**

Third Name Choice

Colour code:         Variety / Coat Classification (if applicable):

Indicate Gender:  Male     Female      I grant permission to use the following reserved kennel name:

Indicate if certificate is to be issued in  English     French

Signature of Kennel Name Owner

**B IDENTIFICATION SECTION**      Complete either the microchip section or the tattoo information section.

<b>MICROCHIP</b>	1234567891000	<b>TATTOO</b>	Tattoo Series: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	RE RF LE LF									
	Date dog was implanted: <table border="1" style="display: inline-table;"><tr><td>D</td><td>M</td><td>Y</td></tr><tr><td>1</td><td>5</td><td>0</td></tr><tr><td>4</td><td>1</td><td>6</td></tr></table>		D	M	Y	1	5	0	4	1	6	Tattoo Number and Year Letter: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	RE RF LE LF
	D		M	Y									
	1		5	0									
4	1	6											
	Tattoo Date: <table border="1" style="display: inline-table;"><tr><td>D</td><td>M</td><td>Y</td></tr><tr><td></td><td></td><td></td></tr></table>	D	M	Y					RE = Right Ear    LE = Left Ear RF = Right Flank    LF = Left Flank				
D	M	Y											

**C DOG RECOVERY INFORMATION**

**Baby**

Call Name

**John McFake**      **(902) 123-4567**

Emergency Contact Name      Emergency Contact Telephone Number

For office use only      - Please complete Transfer section on reverse side.  
 - Owner at birth must sign on reverse side.

200 RONSON DRIVE, SUITE 400, ETOBICOKE, ONTARIO M9W 5Z9 TEL (416) 675-5511 FAX (416) 675-6506 www.ckc.ca

# Application for Miscellaneous Certification

- NOTE**
- Co-Ownership:** If this dog will be registered to the seller(s) and a new owner, please complete CKC Co-Ownership Form (#101-06-05) and attach to this application.
  - Non-Breeding Agreement:** If this dog will be registered on a Non-Breeding basis, please complete CKC Non-Breeding Agreement Form (#101-05-05) and attach to this application.
  - Any alterations on this form other than address changes require a written explanation.
  - Any unused forms must be returned to The Canadian Kennel Club.

## D TRANSFER SECTION *If the dog is sold or otherwise disposed of, complete this Transfer Section. Fees are assessed on all transfers of ownership.*

Please note: When completing Transfer Section, be specific in "Title" section (i.e. Mr., Mrs., Ms, DR.)

Date of Transfer/ Date of Sale 

D	M	Y
3	0	3
1	6	

 Date the new owner took possession of the dog 

D	M	Y
0	2	0
4	1	6

 Dog sold for  Breeding and/or exhibiting purpose  House pet

### OWNER(S)

McFake	Ms	Trixie	1234567
Last Name of New Owner #1	Title	First Name	CKC Membership Number

12 HANA LEE LANE

Complete Mailing Address for Owner #1 (include Street Number, Unit number, etc.)

Halifax NS B1B 1B2

City Prov Postal Code Apartment/Unit

90276543210 trixiemcfake@gmail.com

Telephone Number Email Address

### E I/we certify that all of the information contained in this application is true and may be verified upon request.

<u>Trixie McFake</u> Signature of Owner # 1 at Birth	Date		Signature of Owner # 3 at Birth	Date	
	Signature of Owner # 2 at Birth	Date		Signature of Owner # 4 at Birth	Date

To verify information during normal business hours, contact me at

( ) -
-------

### CKM-620B

#### Payment Options

- Visa  Mastercard  Cheque  Bill Member Account

Credit Card Number

Clearly Print Cardholder Name

Trixie McFake  
Authorized Cardholder Signature

Expiry Date: Amount: \$

For Office Use Only