



LITTER REGISTRATION FORM

Female Dog's Name:	Chip No:	Pedigree Number:
Male Dog's Name:	Chip No:	Pedigree Number:
Breed:	Mating Date:	Date of Birth:
Born Male Puppies:	Born Female Puppies:	Total Number of Puppies:
Female Dog's Birth Date:	Male Dog's Birth Date:	Kennel Name:

INFORMATIONS OF PUPPIES

	Gender	Name	Discription	Chip Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

I declare and undertake that the above information is correct, I accept and undertake that the owner is responsible for any errors and inaccuracies that may occur.

Authorizer Confirmation
Signature:

Confirmation Date:

Female Dog Owner
Confirmation
Signature: