

McNab Shepherd Registry

Wisdom Panel 4.0 and DDC Profile tests **MUST** be received before application will be approved

Dog Registration Application

A dog will not be registered without a paid active membership

Owner/s Name: _____

Dog's Name: _____

Dogs date of birth: _____ Sex _____

Marking Color/s: _____

Hair Length: _____

Eye Color: Right _____ Left _____

Sires Name: _____ Registration #: _____

Dams Name: _____ Registration#: _____

Please enter as much pedigree history as you have available on the next page.

I hereby apply for REGISTRATION to the McNab Shepherd Registry subject to DNA conformation and Board approval.

Owner's Address: _____ City: _____ State: _____

E-Mail: _____ Phone: _____

Dog Co-Owner's Signature/s: _____ Date: _____

Owner's Address: _____ City: _____ State: _____

E-Mail: _____ Phone: _____

Fees: Check or Money Order

\$20 up to 1 year of age

\$45 2 years and older

\$30 1-2 years of age

\$5 Replacement Certificate

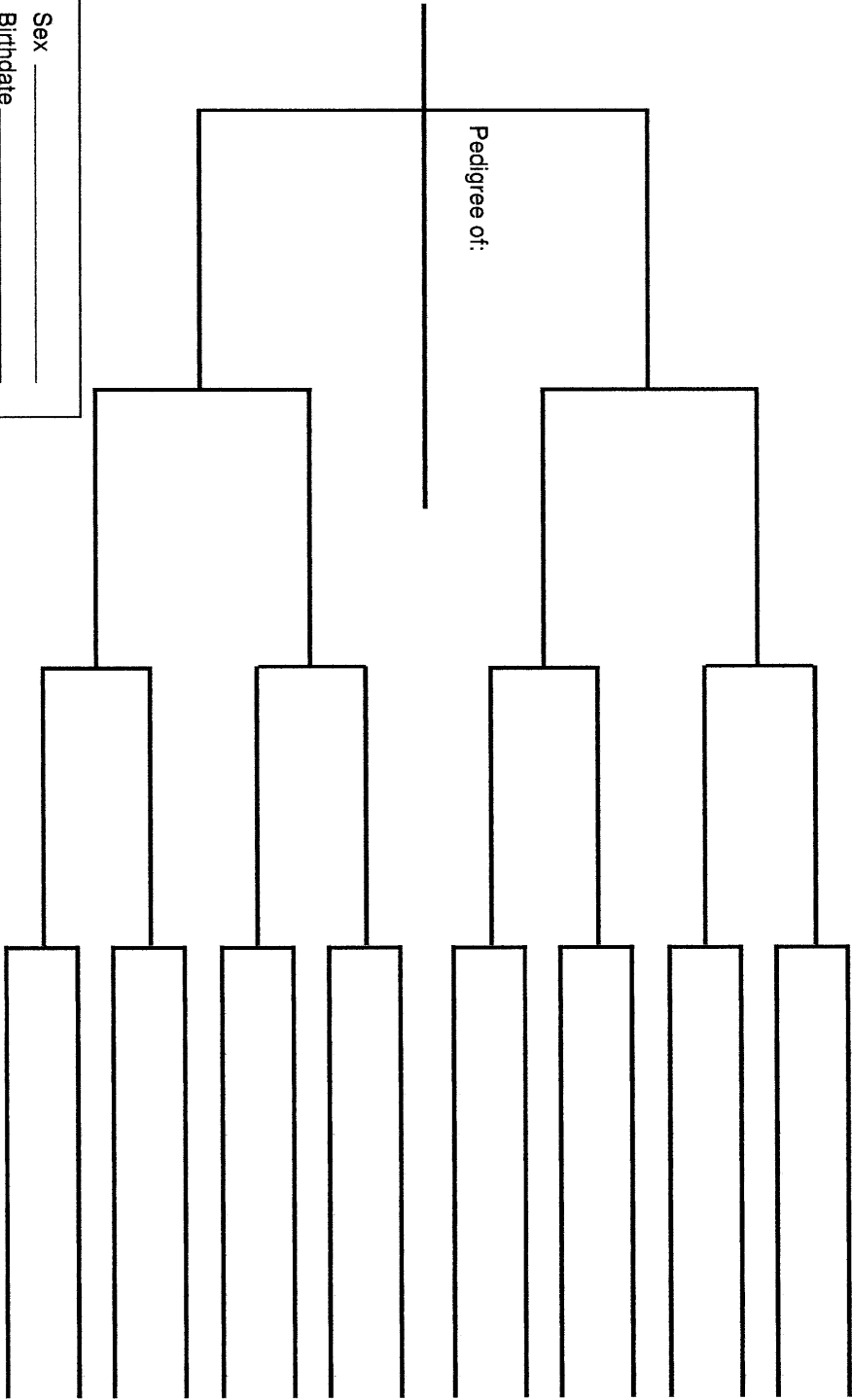
Please make Checks PAYABLE TO: MSR

ALL CHECKS MUST INCLUDE DRIVERS LICENSE # AND EXPIRATION DATE

All CC are processed through PayPal -AND will be charged a \$4.00 processing charge fee per transaction

McNab Shepherd Registry

Sex	_____
Birthdate	_____
Breeder	_____
Owner	_____
Immunization	_____
Worming	_____



BREEDERS PEDIGREE FORM

McNab Shepherd Registry

Credit Card: _____

Expiration Date: _____ CVC: _____

Amount enclosed/Paid: \$ _____

Mail to: McNab Shepherd Registry
HC 66 Box 45 Steamboat Springs, CO 80487-9804

OR

Email to: secretary.mcnabshepherdregistry@gmail.com

PLEASE ALLOW 6-8 WEEKS PROCESSING TIME

Office Use Only

Date application was received: _____

Sent back for add'l information: _____

Reason application denied/sent back: _____

Required still photos received: YES _____ NO _____

Class: A _____ B _____

DDC Profile _____

Dogs registration is:

Approved _____ Denied _____ **Assigned Registration #** _____

Registration application approved/denied/sent back – Date: _____

This dog must be approved by 2 members of the Board of Directors of the MSR

Board of Director's Signature _____

Date: _____

Board of Director's Signature _____

Date: _____