

McNab Shepherd Registry

Certificate of Breeding

Owner/s of Sire and Dam must be in good standing with the McNab Shepherd Registry. The Sire and Dam must be DNA/DDC tested & registered with MSR prior to a Certificate of Breeding being issued

Please provide any pedigree information you have with this application

Fee: \$15.00

This is to certify that

MSR Registered Sire:

_____ Reg# _____

And

MSR Registered Dam:

_____ Reg# _____

McNab Shepherds mated on these day/days _____

Mating witnessed

Not witnessed

Dam Owner/s Name: _____
(Please Print) First MI Last

(Address) City State Zip

Dam Co-Owner/s Signature: _____

Dam Owner/s Name: _____
(Please Print) First MI Last

(Address) City State Zip

Sire Owner/s Name: _____
(Please Print) First MI Last

(Address) City State Zip

Sire Co-Owner/s Name: _____
(Please Print) First MI Last

(Address) City State Zip

Sire Owner/s Signature: _____

Sire Co-Owner/s Signature: _____

McNab Shepherd Registry

By signing and submitting this application, you are attesting that the mating represented here are offspring of MSR registered McNab Shepherds in accordance with the McNab Shepherd Registry guidelines. The MSR Board of Directors will review this application. If the provided information proves at any time inaccurate you will be subject to disciplinary action by the MSR board

This mating produced _____ pups,

they were born- Month_____ Day_____ Year_____

Male pups_____ Female pups_____ (live pups)

Certificate of Registered Breeding#_____

Make Checks Payable to MSR

Include your driver's license # and expiration date on your check

Credit Cards will process via PayPal the registration plus a 3% processing fee

Signature:_____ Email:_____

Amount Enclosed/Paid: \$_____

Mail to: McNab Shepherd Registry

HC 66 Box 45 Steamboat Springs, CO 80487-9804

OR

Email to:secretary.mcnabshepherdregistry@gmail.com

Credit Card:_____

Expiration Date:_____ CVC_____

McNab Shepherd Registry

Breeder/Owner please provide a copy of this form to each buyer
add a hyphen and the # of the pup after your breeding #.

MSR Registered Sire:

_____ Reg# _____

And

MSR Registered Dam:

_____ Reg# _____

Certificate of Registered Breeding# _____

Dam Owner/s Name: _____

(Please Print) First MI Last

(Address) City State Zip

Dam Co-Owner/s Signature: _____

Dam Owner/s Name: _____

(Please Print) First MI Last

(Address) City State Zip

Sire Owner/s Name: _____

(Please Print) First MI Last

(Address) City State Zip

Sire Co-Owner/s Name: _____

(Please Print) First MI Last

(Address) City State Zip

Sire Owner/s Signature: _____

Sire Co-Owner/s Signature: _____

The following applies to the new owners of this pup/dog.

A copy of this form MUST be submitted along with your Individual Dog registration and the Wisdom 4.0 and DDC Veterinary test results to register this dog.