

McNab Shepherd Registry  
Dog Registration Application

YOU MUST BE A MEMBER TO REGISTER YOUR DOG

The Wisdom Panel Essential (Premium test required to be a Certified Breeder) and DNA Profile tests **MUST** be received before application will be approved.

**\*\*\*Pups will require DNA Profiling test ONLY if Sire/Dam already registered\*\*\***

Photo Requirement: Front View, Left and Right Side View

Owner/s Name/s: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Dog's date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Marking Color/s: \_\_\_\_\_

Hair Length (circle one):      **SHORT**                      **MEDIUM**                      **OTHER** (describe): \_\_\_\_\_

Eye Color:      **Right** \_\_\_\_\_      **Left** \_\_\_\_\_

Sire's Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

Dam's 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 confirmation and Board of approval.			
Owner's Address: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div>			
Email: _____		Phone: _____	
Co-Owner's Address: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div>			
Email: _____		Phone: _____	
Owner's Signature: _____ Co-Owner's Signature: _____			

Paying by (circle one):      **CHECK**                      **MONEY ORDER**                      **CREDIT CARD**

\$22.00 up to 1 year of age                      \$12.00 Replacement Certificate  
 \$38.00 1 year and older

Please make Checks Payable to: MSR  
**\*\*\*All checks MUST include Driver's license # and Expiration date\*\*\***

**CREDIT CARD INFO....All cards processed thru PayPal**  
 (You will be billed directly from PayPal. You do not need a PayPal account)

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

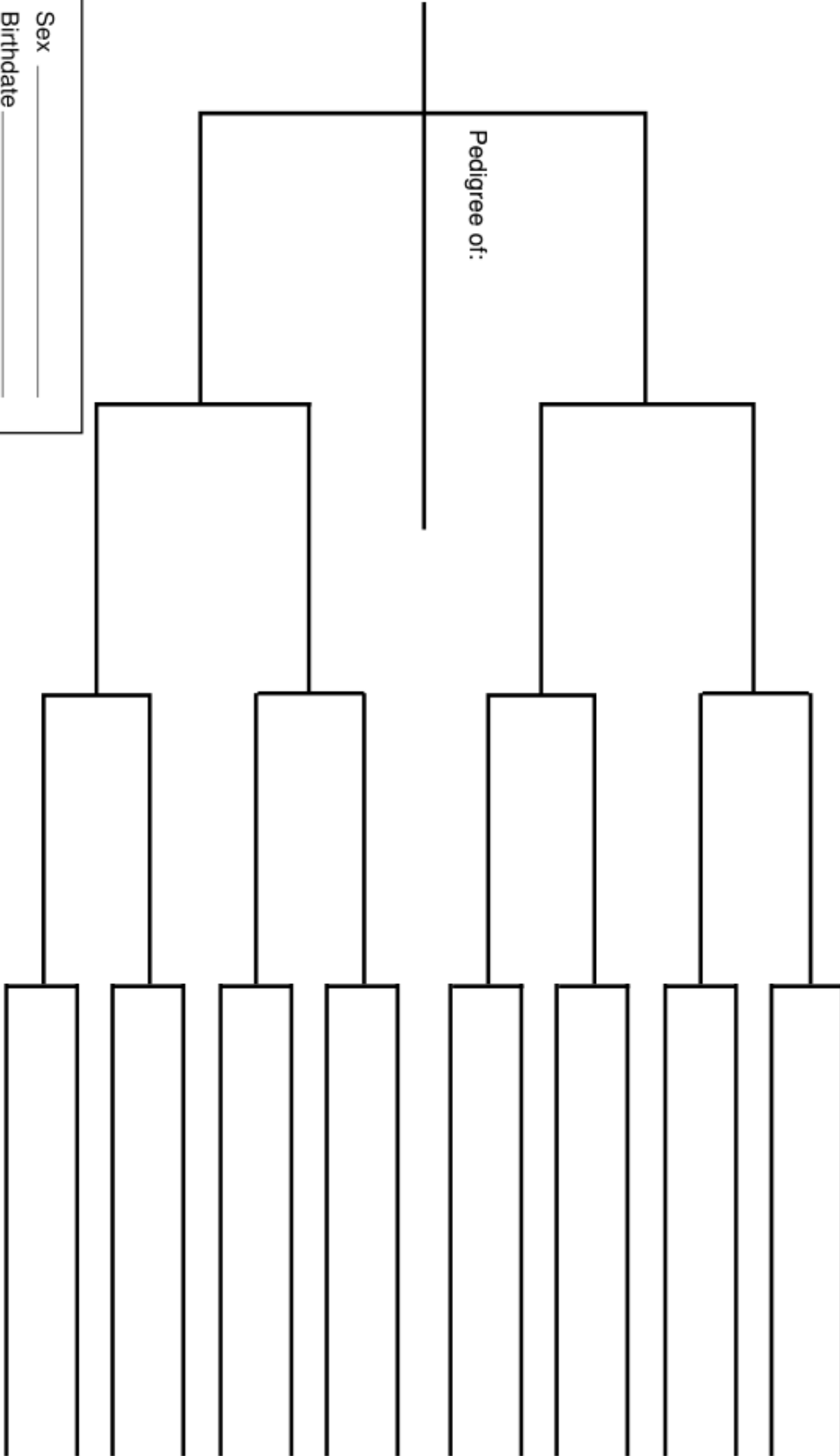
**Amount enclosed/paid: \$** \_\_\_\_\_

**\*\*\*Please Allow 6-8 weeks for processing time\*\*\***

Email: [secretary.mchabshepherdregistry@gmail.com](mailto:secretary.mchabshepherdregistry@gmail.com)

**BREEDERS PEDIGREE FORM**

Pedigree of:



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

**OFFICE USE ONLY**

Date application was received: \_\_\_\_\_

Sent back for additional information: \_\_\_\_\_

Reason application denied/sent back:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Still Photos received:**                      **YES**                      **NO**

DDC Profile # \_\_\_\_\_

LITTER CERT # \_\_\_\_\_

**Dog's Registration is:**

**APPROVED**                      **DENIED**

**Assigned Registration #:** \_\_\_\_\_

Date Registration application Approved/Denied/Sent back: \_\_\_\_\_

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

*Board of Directions Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Board of Directions Signature:* \_\_\_\_\_