

American Bully Kennel Club LITTER REGISTRATION FORM INTERNATIONAL

PO Box 2677 Spotsylvania, VA 22553 Telephone: 540-693-1974

| Owner Full Name: Contact #: Contact Mumber Contact Number: Contact Numb | Number BKC #: gistered Name of DAM: ner Full Name: Owner Full Name: rent Address ail Address we) certify that I (we) am (are) the owners oring her season; that all of the representation ree to comply with American Bully Kennel Cl |
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| Downer Full Name: Contact #: Contact Mumber Contact Number: C | Number BKC #: gistered Name of DAM: ner Full Name: Owner Full Name: rent Address ail Address we) certify that I (we) am (are) the owners oring her season; that all of the representation ree to comply with American Bully Kennel Cl |
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| Registered Name of Sire: Downer Full Name: Contact #: | Number BKC #: gistered Name of DAM: ner Full Name: Owner Full Name: |
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| Contact #: Contact Number | Number BKC #: gistered Name of DAM: ner Full Name: Owner Full Name: |
| Registered Name of Sire: Dwner Full Name: | Number BKC #: gistered Name of DAM: ner Full Name: |
| Registered Name of Sire: Contact #: Contact #: | Number BKC #: gistered Name of DAM: |
| Co-Owner Full Name: Contact #: Contact #: Co-Owner Full Name: Contact #: | Number BKC #: |
| Registered Name of Sire: Contact #: Contact #: | Number |
| Contact #: | |
| Registered Name of Sire: | DAM (remaie) information: |
| Registered Name of Sire: | vner's Signature of SIRE (male) |
| Registered Name of Sire: Contact #: | eeding. |
| Registered Name of Sire: Dwner Full Name: Co-Owner Full Name: Current Address State/Country Zip | |
| Registered Name of Sire: Dwner Full Name: Co-Owner Full Name: Current Address | |
| Registered Name of Sire: Contact #: Contact #: Contact #: | |
| Registered Name of Sire: Contact #: | |
| Registered Name of Sire: | Owner Full Name: |
| Registered Name of Sire: | ner Full Name: |
| | |
| | |
| ABKC #, | <u></u> |
| ARK (male) and ABKC Number. | |
| 2. SIRE (Male) Information: To be completed and signed by Owner/Co-Owner of SIRE on date of breeding - Registered Name of | SIRE (Male) Information: To b |
| Date of Breeding:// Litter Date of Birth:// Month Day Year Number to be registered: Males: Females: = Total Puppies: | imberto he registered. Males. |
| | Month Day |
| 1. Litter Information: Breed: Today's Date: // | ate of Breeding://// |

Fee for International Litter Registration is \$30.00 per litter.

Fee for International Litter Registration over a year old is \$40.00 per litter.

ABKC accepts Money Orders, Cashier Checks & Personal Checks payable to American Bully Kennel Club. The ABKC now also accepts PayPal payments, please send copy of receipt with application. (PayPal address is theabkc@gmail.com)



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PO Box 2677 Spotsylvania, VA 22553

Telephone: 540-693-1974 Registration of Puppy International: Fee 30.00 per puppy registered. ______Microchip#______Date of Sale ____ /___/___ Puppy: Male Female Color Registered Name of Pup (maximum characters 32) Is this puppy co-owned? Yes No Print your name and/or person(s) to whom the puppy is being registered. Contact#: (____) Both signatures required when registering litters? New Owner: _____City:_____State:____Zip:_____Yes No Address: _____Contact #: (____)____ Co-Owner: Co-Owner Signature Owner's Signature Date Date Registration of Puppy Internationals: Fee 30.00 per puppy registered. Puppy: Male Female Color Microchip# Date of Sale // / Registered Name of Pup (maximum characters 32) Is this puppy co-owned? Yes No Print your name and/or person(s) to whom the puppy is being registered. New Owner: ______ Both signatures required when registering litters? _____City:_____State:___Zip:____Yes No Address: _____Contact #: (___)____ Co-Owner:____ Date Owner's Signature **Co-Owner Signature** Date Registration of Puppy International: Fee 30.00 per puppy registered. Color———Microchip#———Date of Sale ——/——/— Puppy: Male L J Female L Registered Name of Pup (maximum characters 32) Print your name and/or person(s) to whom the puppy is being registered. Is this puppy co-owned? New Owner: ______ Both signatures required when registering ______City:______State:_____Zip:______ Yes No Address: _____Contact #: (___)____ Co-Owner:

Co-Owner Signature

Date

Date

Owner's Signature