



**NORTH AMERICAN MIXED BREED REGISTRY
REGISTRATION APPLICATION**
(please PRINT all information clearly)

Dogs Name: _____

Breed Type or Resemblance: _____

Colour: _____

Sex: _____ **Spayed/Neutered:** _____ **Date of Birth:** _____
(if known) (month/day/year)

Sire and Breed: _____ **Dam and Breed:** _____
(if known) (if known)

Kennel Club Registration # _____
(purebreds only)

Owner: _____

Mailing Address:

Street: _____

City: _____ **Prov/State:** _____

Postal Code/Zip Code: _____ **Phone #:** _____

E-mail Address: _____

Registration Fee: \$25.00 per dog (includes all taxes) + \$3.50 (shipping and handling)
Cheques payable to 'North American Mixed Breed Registry'
Complete a separate form for each dog to be registered.

Mail completed applications with payment to:

c/o Darlene Peacock
R.R.#1
2702 Wessel Drive
St. Catharines, Ontario, Canada
L2R 6P7

Please allow 3-4 weeks for delivery