



## LITTER REGISTRATION FORM DOMESTIC

Living Within the United States

110 Wilson Rd

Anderson Sc

29625-4915

864-417-2422

### 1. Litter Information:

Breed: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Breeding: \_\_\_\_/\_\_\_\_/\_\_\_\_ Litter Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

Number to be registered: Males: \_\_\_\_\_ Females: \_\_\_\_\_ = Total Puppies: \_\_\_\_\_

### 2. SIRE (Male) Information: To be completed and signed by Owner/Co-Owner of SIRE on date of breeding - Registered Name of SIRE (male) and BBKC Number.

BBKC # \_\_\_\_\_

Was Frozen Semen Used? ☐ Yes ☐ No Date Collected for Freezing \_\_\_\_\_

Registered Name of Sire: \_\_\_\_\_

Owner Full Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Co-Owner Full Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

I/We certify that the identified DAM (female) was bred to the identified SIRE (male) and that the SIRE (male) was Owned/Co Owned by me (us) on the date of the breeding.

X \_\_\_\_\_/\_\_\_\_/\_\_\_\_ X \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Owner's Signature of SIRE (male) Month Day Year Co-Owner Signature of SIRE (male) Month Day Year

### 3. DAM (Female) Information: To be completed and signed by Owner/Co-Owner of DAM on litter date of birth - Registered Name and BBKC Number

BBKC #: \_\_\_\_\_

Registered Name of DAM: \_\_\_\_\_

Owner Full Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_  
Co-Owner Full Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

I (we) certify that I (we) am (are) the owners of the identified DAM (female) on the date of birth of the litter, that this DAM (female) was not mated to any other dog during her season; that all of the representation on this application are true; if I am not the litter owner by signing this form I agree to the listed litter owner-and I (we) agree to comply with Boxer Bulldog Kennel Club- BBKC rules and regulations. By signing, I (we) agree to the arbitration clause at the bottom of this page.

X \_\_\_\_\_/\_\_\_\_/\_\_\_\_ X \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Owner's Signature of DAM (female) Month Day Year Co-Owner Signature of DAM (female) Month Day Year

*Please print legible to avoid any misspellings or delay in processing.*

**Fee for BBKC Litter Registration is \$20.00 per litter.**

**Fee for BBKC Litter Registration over a year old is \$35.00 per litter.**

**BBKC accepts Money Orders, Cashier Checks & Personal Checks payable to Boxer Bulldog Kennel Club. The BBKC now also accepts PayPal payments, please send copy of receipt with application. (PayPal address is [boxerbulldogkennelclub@gmail.com](mailto:boxerbulldogkennelclub@gmail.com))**

## Boxer Bulldog Kennel Club

110 Wilson Rd.

864-417-2422

**Registration of Puppy: Fee 20.00 per puppy registered.**

Puppy: Male ☐ Female ☐ Color \_\_\_\_\_ Microchip# \_\_\_\_\_ Date of Sale \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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?	Yes	No
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[illegible]

**New Owner:** \_\_\_\_\_ **Contact#:** (\_\_\_\_) \_\_\_\_\_ **Both signatures required when registering litters?**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Co-Owner:** \_\_\_\_\_ **Contact #:** (\_\_\_\_) \_\_\_\_\_

Date \_\_\_\_\_

**Co-Owner Signature**

Date \_\_\_\_\_

**Registration of Puppy: Fee 20.00 per puppy registered.**

Puppy: Male ☐ Female ☐ Color \_\_\_\_\_ Microchip# \_\_\_\_\_ Date of Sale \_\_\_\_/\_\_\_\_/\_\_\_\_

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?    Yes ☐    No ☐

[illegible]

**New Owner:** \_\_\_\_\_ **Contact#:** (\_\_\_\_) \_\_\_\_\_ **Both signatures required when registering litters?**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Yes ☐ No ☐

Co-Owner: \_\_\_\_\_ Contact #: (\_\_\_\_) \_\_\_\_\_

Date

**Co-Owner Signature**

Date \_\_\_\_\_

**Registration of Puppy: Fee 20.00 per puppy registered.**

Puppy: Male ☐ Female ☐ Color \_\_\_\_\_ Microchip# \_\_\_\_\_ Date of Sale \_\_\_\_/\_\_\_\_/\_\_\_\_

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?    Yes ☐    No ☐

[illegible]

**New Owner: \_\_\_\_\_ Contact#: (\_\_\_\_) \_\_\_\_\_ Both signatures required when registering**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Co-Owner:** \_\_\_\_\_ **Contact #:** (\_\_\_\_) \_\_\_\_\_

Date \_\_\_\_\_

**Co-Owner Signature**

Date \_\_\_\_\_