



Boxer Bulldog Kennel Club
LITTER REGISTRATION FORM
INTERNATIONAL

110 wilson rd
anderson SC 29625

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 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 Boxer Bulldog Kennel Club. The BBKC now also accepts PayPal payments, please send copy of receipt with application. (PayPal address is boxerbulldogkennelclub@gmail.com) <https://www.paypal.me/theBBKC>

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Registration of Puppy International: Fee 30.00 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 #: (____) _____

Owner's Signature

Date _____

Co-Owner Signature

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)

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 #: (____) _____

Owner's Signature

Date _____

Co-Owner Signature

Date _____

Registration of Puppy International: Fee 30.00 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: _____ Yes ☐ No ☐

Co-Owner: _____ Contact #: (____) _____

Owner's Signature

Date _____

Co-Owner Signature

Date _____