



The future is here

CANINE DEVELOPMENTAL HEALTH AND PERFORMANCE REGISTRY

CDHPR Use Only Case # _____

Prices effective January 1, 2008

LITTER REGISTRATION APPLICATION WITH CDHPR

Both sire and dam must be permanently registered and DNA profiled with the CDHPR before the litter registration application can be accepted.

1. LITTER INFORMATION

Breed _____

Date of Breeding _____ / _____ / _____
month day year

Date of Birth _____ / _____ / _____
month day year

Total # Males _____ Total # Females _____

2. SIRE INFORMATION

(Must be filled out by the REGISTERED owner(s) of the sire/semen at the time of breeding.)

CDHPR Registration # _____

Registered Name of Sire _____

Name(s) of Sire Owner(s) _____
Please print

Sire Owner Phone # (_____) _____

E-mail Address _____

Signature(s) of Sire Owner(s) _____

FEES

REGISTRATION OF LITTER (up to 1 year old) \$20\$ _____

Checks or Money Orders must be made payable in U.S. funds and payable to the CDHPR

CANINE DEVELOPMENTAL HEALTH AND PERFORMANCE REGISTRY

PO Box 9 • Portage MI 49081-0009

Phone: (269) 381-2183 • www.cdhpr.com

Check Enclosed Money Order Enclosed

Visa MasterCard

Credit Card # _____

Expiration Date _____ / _____

Cardholder's Printed Name _____

Cardholder's Address _____

Cardholder's Signature _____

Cardholders Phone # _____

Office Use Only

Declined Approved Auth # _____

Fee _____ Init _____ In Date _____ Ctrl # _____

3. ARTIFICIAL INSEMINATION INFORMATION (If Applicable)

Name of Storer of Semen _____

Date Semen was Collected for Freezing _____ / _____ / _____
month day year

4. DAM INFORMATION

(Must be filled out by the REGISTERED owner(s) of the dam at the time of breeding.)

CDHPR Registration # _____

Registered Name of Dam _____

Name(s) of Dam Owner(s) _____
Please print

Current Mailing Address _____

City _____ State/Province _____

Country _____ ZIP/Postal Code _____

Day Phone # (_____) _____

E-mail Address _____

Signature(s) of Dam Owner(s) _____

5. LITTER OWNER INFORMATION

(Must be filled out by the owner(s) of the litter.)

Is the litter owner different from the owner of the dam?

YES Please complete Step 5.

NO Please proceed to Step 6.

Registrant of Litter _____ / Co-Registrant _____
Please print

Current Mailing Address _____

City _____ State/Province _____

Country _____ ZIP/Postal Code _____

Day Phone # (_____) _____ E-mail Address _____

Signature(s) of Registrants(s) of Litter _____ / Co-Registrant _____

6. PERMANENT REGISTRATION

For Permanent Registration of pups, see reverse side. ►

We reserve the right to change any and all rules, fees, etc. without notice. Completed forms become sole property of Canine Developmental Health and Performance Registry and will not be returned.



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You may order *permanent papers at this time for any pups you are keeping or transferring to a new owner by completing one box per pup you wish to register. Please print legibly and complete all of the pup and owner's pertinent information. If more space is needed, please use an additional sheet of paper.

*Please check the CDHPR website for breed specific rules regarding permanent registration.

Sex Female	Color Black, White & Tan	Variety _____
Tattoo# 1234567890	Microchip# Breeder's Action Board	Microchip Type _____
Dog Name Y o u r D o g ' s N a m e H e r e		
To be Registered to John Doe		
Address PO Box 9	City Portage	State/Province MI ZIP/Postal Code 49081
Phone (269) 381-2183	E-mail _____	Date of Sale 12 / 01 / 06
Sex _____	Color _____	Variety _____
Tattoo# _____	Microchip# _____	Microchip Type _____
Dog Name _____		
To be Registered to _____		
Address _____	City _____	State/Province _____ ZIP/Postal Code _____
Phone (_____) _____	E-mail _____	Date of Sale _____ / _____ / _____
Sex _____	Color _____	Variety _____
Tattoo# _____	Microchip# _____	Microchip Type _____
Dog Name _____		
To be Registered to _____		
Address _____	City _____	State/Province _____ ZIP/Postal Code _____
Phone (_____) _____	E-mail _____	Date of Sale _____ / _____ / _____
Sex _____	Color _____	Variety _____
Tattoo# _____	Microchip# _____	Microchip Type _____
Dog Name _____		
To be Registered to _____		
Address _____	City _____	State/Province _____ ZIP/Postal Code _____
Phone (_____) _____	E-mail _____	Date of Sale _____ / _____ / _____
Sex _____	Color _____	Variety _____
Tattoo# _____	Microchip# _____	Microchip Type _____
Dog Name _____		
To be Registered to _____		
Address _____	City _____	State/Province _____ ZIP/Postal Code _____
Phone (_____) _____	E-mail _____	Date of Sale _____ / _____ / _____