

DATE RECEIVED:

APPLICATION FOR REGISTRY OF AUSTRALIAN SHEPHERDS

On the records of the NATIONAL STOCK DOG REGISTRY Division of International English Shepherd Registry, Inc.

SEND \$35.00 IF UNDER 9 MONTHS OF AGE***OVER 9 MONTHS THE FEE IS \$85.00 (CHECK OR MONEY ORDER)(No credit cards)

3597 County Road 75, P.O. Box 402, Butler, Indiana 46721-0402

(260) 868-2670 Fax: (260) 868-2685

Kennel Name If Registered with NSDR _____ Name that you call your dog to come to you _____ Assigned NSDR number: _____

(keep name short)(we will not except long sentences for names)

Office use only.

Tattoo or Micro Chip Number _____ Sex _____ Female _____ Male _____ Date of Birth _____

Purchased from: Breeder _____ Pet Store _____ Name Pet Store _____ Other _____ Explain _____

For Adult Dogs Only. Does this dog work livestock yes no. If yes describe characteristics. mild average aggressive

If Registered with AKC or ASCA(must be over 9 months old) be sure to include a copy of that certificate. *****THIS APPLICATION AND FEES LISTED ABOVE EXPIRES: SEPTEMBER 1, 2009

EYE COLOR PRIMARY COAT COLOR TRIM COAT COLOR LENGTH OF TAIL LITTER INFORMATION
BLUE BROWN HAZEL, GREEN, GRAY AMBER(GOLD) 1 BROWN 1 BLUE FLECKS BLUE BROWN
BLACK BLUE MERLE RED MERLE RED
WHITE COPPER
NATURAL BOB DOCKED LONG
Total in litter Surviving live males Surviving live females Deceased puppies
FEES ARE NOT REFUNDABLE

NAME OF PURCHASER _____ STREET/BOX _____

CITY _____ STATE _____ ZIP CODE _____ PHONE: _____ E-MAIL _____

FOREIGN COUNTRY _____ Amount enclosed \$ _____ Check/Money order number _____ Paid to the order of NSDR _____

SIRE _____ NSDR NUMBER _____ MUST BE REGISTERED WITH NATIONAL STOCK DOG

COLOR _____ EYE COLOR _____ TAIL _____

DAM _____ NSDR NUMBER _____ MUST BE REGISTERED WITH NATIONAL STOCK DOG

COLOR _____ EYE COLOR _____ TAIL _____

I, hereby, certify that the particulars as described above are, to the best of my knowledge and belief, correct. Signed _____ Breeder Date of Sale _____ Owner of Dam

NAME OF OWNER OF DAM _____ STREET/BOX _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____ E-MAIL _____

NAME OF OWNER OF SIRE _____ STREET/BOX _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____ E-MAIL _____

Revised November 1, 2008

BE SURE TO MAKE A COPY OF THIS APPLICATION BEFORE MAILING.

ONCE AN APPLICATION IS SUBMITTED IT BECOMES THE PROPERTY OF NSDR. FEES ARE NOT REFUNDABLE