

DATE RECEIVED:

FIRST STEP (HARDSHIP) APPLICATION FOR REGISTRY

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

****MUST BE OVER 1 YEAR OLD THE FEE IS \$135.00 (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

Last Name of Owner or Registered Kennel Name _____ Name that you call your dog _____ Assigned NSDR number: _____

Tattoo or Micro Chip Number _____ Sex _____ Female _____ Male _____ Date of Birth _____ Office use only.

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

FEES ARE NOT REFUNDABLE

Name of Breed to be Registered _____ If Registered with AKC or ASCA be sure to include a copy of that certificate.

Table with 5 columns: EYE COLOR, PRIMARY COAT COLOR, TRIM COAT COLOR, LENGTH OF TAIL, LITTER INFORMATION. Includes options like BLUE, BROWN, HAZEL, GREEN, GRAY, AMBER(GOLD), 1 BROWN 1 BLUE, FLECKS, BLACK, BROWN; TAN, RED; COPPER, OTHER, WHITE, COPPER, NATURAL BOB, DOCKED, LONG, Total in litter, Surviving live males, Surviving live females, Deceased puppies. Includes note: WE NEED THREE PHOTOS INCLUDED (2 Standing side view & 1 face) and 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 _____

COAT COLOR _____ EYE COLOR _____ LENGTH OF TAIL _____

DAM _____

COAT COLOR _____ EYE COLOR _____ LENGTH OF 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 July 21, 2009

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.