



Field Dog Stud Book Application for Enrollment of Litter - \$25.00 Fee

This form is to be used for enrolling one litter only. Write plainly. PLEASE FOLLOW INSTRUCTIONS.
Enrollment certificate issued within 30 days after receipt of application. Date: _____

I herewith offer for enrollment in the Field Dog Stud Book the litter authentically described below,
for which find enclosed the fee of \$25.00, plus \$2.00 for each puppy in the litter.

Printed Name of Owner of Litter: _____

Signature of Owner of Litter: _____

Address: _____

City/State/Zip: _____ Phone Number: _____

Please circle Breeder (or Lessee) of Dam at time of service: _____

City: _____ State: _____

NAME OF DAM OF LITTER: _____ F.D.S.B. NO*: _____

Please circle Owner (or Lessee) of Sire at time of service: _____

City: _____ State: _____

(Certificate of owner of sire must be completed in full by the owner of stud dog.)

NAME OF SIRE OF LITTER: _____ F.D.S.B. NO*: _____

DATE DAM WAS BRED: _____ DATE LITTER WAS WHELPEd: _____

Number of litter living at this date: Male(s) _____ Female(s): _____

On each of the following lines, give sex and color of each puppy LIVING AT THIS TIME OF COMPLETING this blank form, and if puppy is sold to whom:

(Add \$2.00 for each puppy to the \$25.00 Litter Enrollment fee.)

A requirement for registration of individual dogs from a litter is mandatory enrollment of the litter. Application forms for individual dogs sent on request, or from americanfield.com.

(*Photocopy of AKC registration certificate is required if sire or dam is not registered with F.D.S.B. - An additional fee of \$5.00 is required.)

CERTIFICATE FOR OWNER OF STUD DOG

I HEREBY CERTIFY

That my Male (Name): _____ No.: _____ STUD BOOK NUMBER

Was bred to: _____ NAME OF FEMALE No.: _____ STUD BOOK NUMBER on _____ DATE OF SERVICE

Breed: _____ OF STUD DOG Color: _____ OF STUD DOG

Date of Birth of Stud Dog: _____ Location of Breeding: _____

Date: _____ City: _____ State: _____

(Personal Signature Required): _____ OWNER OF STUD DOG AT TIME OF SERVICE

Cardholder's Name: _____ Signature: _____

Complete Address: _____

Card Number: _____ Expiration Date: _____