Development Register - Single Dog Registration



- a. The cost of a single dog registration is R800b. Microchipping and/or tattoo of all dogs are compulsory
- c. Please ensure that a registered veterinarian inspects and complete Section 4 of the application form
- d. A three generation genealogy certificate will be issued.

Note: All Puppies born from an open development dog, MUST be microchipped and MUST be sold as PET ONLY



1. PARTICULARS OF OW	NEK					
1.1 SURNAME						
INITIALS	TITLE		1	D NR.		
1.2 KENNEL NAME						
1.3 ADDRESS						_
	Postal Code		Prov	rince		_
1.4 CONTACT TELEPHONE NUMBER (d						
TEL			CEL	L		
E-MAIL						
2. PARENTS REGISTRATI	ON DETAILS (1244			
		ents of	new titter)			
2.1 SIRE/MALE REGISTRATION NR.	NAME					
	NAME UNKNO	own				
2.2 DAM/FEMALE REGISTRATION NR.	NAME					
	NAME UNKNO	OWN				
3. DOG DETAILS			DO	G DATE	OF BIRTH V V V M M D	
		C E V				
NAME OF DOG		SEX	COLOUR	COAT	TATTOO/MICRO CHIP NR.	
		JEX	COLOGR	COAT		
BREED		JEA	COLOGIA	COAI		
BREED		JEX	COLOGIA	COAI		
BREED 4. VETERINARIAN CERTI	FICATION	JEX.	COLOGN	COAT		
	FICATION	328		TERINARIAN S		
4. VETERINARIAN CERTI	FICATION	328				
4. VETERINARIAN CERTI			VE			re
4. VETERINARIAN CERTI	FICATION VETERINARIA		VE		SIGNATURE	r'e
4. VETERINARIAN CERTI			VE		SIGNATURE	re
4. VETERINARIAN CERTI		N'S NAM	VE	TERINARIAN S	SIGNATURE	e e
4. VETERINARIAN CERTI BREED PRACTICE NAME & NUMBER MICROCHIPPED HEALTHY	VETERINARIA	N'S NAM	VE PR	TERINARIAN S	SIGNATURE	re
4. VETERINARIAN CERTI BREED PRACTICE NAME & NUMBER MICROCHIPPED HEALTHY	VETERINARIA ALL INOCULATIONS	N'S NAM	VE PR	TERINARIAN S	SIGNATURE	r'e
4. VETERINARIAN CERTI BREED PRACTICE NAME & NUMBER MICROCHIPPED HEALTHY DATE REP	VETERINARIA ALL INOCULATIONS	N'S NAM	VE PR	TERINARIAN S	SIGNATURE	r'e
4. VETERINARIAN CERTI BREED PRACTICE NAME & NUMBER MICROCHIPPED HEALTHY DATE REP	VETERINARIA ALL INOCULATIONS RESENTATIVE SPECIMEN	N'S NAM	VE PR	TERINARIAN S	SIGNATURE	e e
4. VETERINARIAN CERTI BREED PRACTICE NAME & NUMBER MICROCHIPPED HEALTHY DATE REP Y Y Y M M D D	VETERINARIA ALL INOCULATIONS I RESENTATIVE SPECIMEN (N'S NAM	VE PR	TERINARIAN S	SIGNATURE	e e
4. VETERINARIAN CERTI BREED PRACTICE NAME & NUMBER MICROCHIPPED HEALTHY DATE REP Y Y Y Y M M D D 1 declare that the information given by true and correct. I hereby authorize Care	VETERINARIA ALL INOCULATIONS I PRESENTATIVE SPECIMEN (PLICANT me is nineSA	N'S NAM	VE PR	TERINARIAN S	SIGNATURE	re
4. VETERINARIAN CERTI BREED PRACTICE NAME & NUMBER MICROCHIPPED HEALTHY DATE REP Y Y Y Y M M D D 5. DECLARATION BY APPEL I declare that the information given by	VETERINARIA ALL INOCULATIONS I PRESENTATIVE SPECIMEN (PLICANT me is nineSA	N'S NAM	VE PR	TERINARIAN S	SIGNATURE signatur	T'e D





Acc. Name: CanineSA Acc. Number: 62414303420 Branch: Zambezi Drive 250655

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