



federation of sa

German Shepherd Dog Federation of Southern Africa

Application for Registration of Litter on The Breed Book Register

PO Box 50222 Hercules 0030, Tel: 071 861 9910/3
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Please complete in block letters and in duplicate. The original copy must be forwarded to the Federation Admin office together with the original tattoo slip of the tattoo registration pad and the original (yellow copy) of the mating certificate (Form B2/10).

Name of Breeder(s): _____ Membership No(s): _____

Postal Address: _____ Code: _____

Registered Kennel Name (AFFIX) of Breeder(s): _____

Date of Mating: 1. ____ / ____ /20 ____ 2. ____ / ____ /20 ____ Date of Birth of Litter: ____ / ____ /20 ____

Sire: Registered Name: _____

Reg. No.: _____ Tattoo No.: _____

DNA No.: _____ HD Grading: _____ Show Grading: _____

Dam: Registered Name: _____

Reg. No.: _____ Tattoo No.: _____

DNA No.: _____ HD Grading: _____ Show Grading: _____

If the Sire is not registered with the Federation, please contact the admin office for additional requirements in respect of the sire which have to be met before the litter can be registered

Puppies to be Registered:

Note - All the puppies alive at the time of tattooing MUST be registered

	Name	Sex	Col	Coat	Test	Fost	Tattoo No.	Office use
								Litter No:
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

- "Name" column: First enter the male puppies and then the bitch puppies preferably in alphabetical order.
- "Sex" column: D= Dog or Male and B= Bitch or Female.
- "Col(our)" column: S= Saddle (includes all shades of black and tan, black and gold etc.), B=Black, C= Bi-colour and G = Sable.
- "Coat" column: distinguish between L = Long, S = Short, and ? = Unsure.
- "Test(icles)" column: for males only, B = Both testicles present, O = one testicle present, and N =no testicles present.
- "Fost(er) mother" column: enter F for all puppies reared by foster mother.

If there are more than 12 pups in the litter, please complete an additional form for the extra pups and attach to this form.

Total No. of pups born _____ of which _____ pups were born dead, _____ pups died at birth, _____ pups were culled and _____ pups died birth to eight weeks for reasons other than culled. If pups were culled or died, please state the reason(s), indicating "unknown" if reason is not known: _____

Please see and complete reverse side

Form B3/12

Tattoo No:	Tattoo No:	Tattoo No:	Tattoo No:
Tattoo No:	Tattoo No:	Tattoo No:	Tattoo No:

Declaration by Breeder(s)

I/We, the undersigned, declare that

- a) The dam described in this document was mated by means of Natural mating Artificial Insemination
- b) The litter was born by: Natural birth / Caesarian Section
- c) I was/we were the registered owner/s of the dam described in this document
- d) I am a/we are member(s) of the Federation/have applied for membership of the Federation on ____/____/____*
- e) The litter has been bred and reared according to the dictates of the official Breed Ordinance and request that the litter described in this application be registered with the German Shepherd Dog Federation of Southern Africa on the Breed Book Register.
- f) To the best of my/our knowledge, the details presented in this document are correct and that no dog other than the sire stated on the Mating Certificate for this litter mated the dam during her relevant season.
- g) My first club is _____

I/We agree to all the requirements of the official Breed Ordinance and understand that, if the litter does not qualify for registration on the Breed Book, the puppies will be registered on the Identity Register and that no money will be refunded and no pedigrees, other than Identity Certificates, will be issued.

Signature(s) of Breeder(s): _____ Date: ____/____/20____

* Delete what is not applicable

For Tattooist's Use

Tattoo Registration Pad No: _____

I _____, declare that I have

checked and confirmed all the details of this litter as completed on reverse.

Signed: _____ Date: ____/____/20____

Office Use

Date Received: ____/____/20____

Remarks: _____

Invoiced : Yes No

Paid: Yes Date: _____ No