

# CERTIFICATE OF BREEDING SERVICE

DATE SENT: \_\_\_\_\_

CHECK # \_\_\_\_\_

Name of Breed: \_\_\_\_\_

Name of Male: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Name of Female: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Owner of Male Dog: \_\_\_\_\_

Phone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Owner of Female Dog: \_\_\_\_\_

Phone Number (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

From this mating there were (\_\_\_\_) pup(s) born on \_\_\_\_\_  
(Month) (Day) (Year)

From this litter ( ) male and( ) Female pup(s) survived.