



North American
Miniature Australian Shepherd Club of the USA, Inc.

PO Box 141097, Broken Arrow, OK 74014-1097
 Phone/Fax: 918-357-5844 e-mail: registrar@namascusa.com web: www.namascusa.com

LITTER REGISTRATION APPLICATION

- 1) Sire Owner(s) or Lessee(s) must complete section A. Dam Owner(s) or Lessee(s) must complete sections B and C.
 If the Dam/Sire has been leased, a copy of the NAMASCUSA Lease Agreement signed by all parties must be on file
- 2) One parent must be a registered miniature Australian Shepherd with NAMASCUSA, MASCA or NSDR. The other parent must be a miniature Australian Shepherd or Australian Shepherd registered with one of the following registries: NAMASCUSA, NSDR, MASCA, ASCA, AKC, or the Canadian Kennel Club
 If either parent is not registered with NAMASCUSA, a copy of their registration and a 3 generation pedigree complete with registered names and numbers must be on file
- 3) A copy of the Dam and Sire clear eye exam, not older than 15 months, and OFA, OVC Guelph, or PENN Hip Certificate must be on file
- 4) Fees for litter registration: **(FEES ARE DOUBLED FOR NON-MEMBERS)**
 Up to 6 months of age - \$18 7 - 12 months of age - \$26 12 - 24 months of age - \$50 Over 24 months of age - \$100
 Registration fee must accompany the application. Make check or money order for \$USA payable to: **NAMASCUSA**
 A \$25 fee will be charged for all returned checks
- 5) Mail application and fee to: NAMASCUSA Registry Office, PO Box 141097, Broken Arrow, OK 74014-1097

Section A - Sire Registration Number _____

Registered Name _____

Owner Name _____ Co-Owner Name _____

Address _____

Phone # _____ e-mail address _____ Membership # _____

I hereby certify that I was the Owner(s) or Lessee(s) of the sire listed above at the time of the mating and that the dam listed below was mated to the above named sire. I () did, () did not witness the mating.

Owner or Lessee Signature _____ Date _____

Co-Owner or Co-Lessee Signature _____ Date _____

Section B - Dam Registration Number _____

Registered Name _____

Owner Name _____ Co-Owner Name _____

Address _____

Phone # _____ e-mail address _____ Membership # _____

I hereby certify that I was the Owner(s) or Lessee(s) of the dam listed above on the date of the birth of the litter and that this dam was mated only to the sire listed on this application. I () did, () did not witness the mating.

Owner or Lessee Signature _____ Date _____

Co-Owner or Co-Lessee Signature _____ Date _____

Section C - Litter Information: Dates of Mating _____ **Date of Whelping** _____

Complete one line for each living puppy. Check only one box in each for sex, color & tail.

	Sex		Color				Tail			
	Male	Female	Blue Merle	Black	Red Merle	Red	Docked	Nat Bob	Bob/Docked	Long
(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I testify that all data submitted is correct. I understand that all applications become the property of NAMASCUSA. If an application has been falsified, no registration will be issued and the fees will not be refunded. I (we) further understand that as owner(s)/Lessee(s) of a NAMASCUSA registered litter, I (we) agree to abide by the NAMASCUSA Registry Rules and Regulations, By-Laws and Code of Ethics.

Owner/Lessee Signature _____ Date _____

Co-Owner/Co-Lessee Signature _____ Date _____