



APPLICATION FOR REGISTRATION OF A COMPLETE LITTER

Name of Kennel _____
 Kennel Nr with EKASA _____
 Breed _____

BREEDING

DAM		SIRE	
Name	_____	Name	_____
Registration nr	_____	Registration nr	_____
Owner	_____	Owner	_____
Signature of Owner	_____	Signature of Owner	_____

MATING DETAILS AND DATE OF BIRTH

Natural Mating
 Artificial insemination

LITTER DETAILS

	Puppy Name	Colour	Sex		Health Certificate		Breeding Restrictions	
		Variety	M	F	YES	NO	YES	NO
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

ORDER DETAILS

Pedigree by
 Email
 Post

Bank Details

EKASA
 CAPITEC SAVINGS
 BRANCH CODE: 470010
 ACCOUNT NR: 137870964