

Miniature Australian Shepherd Club of America, Inc

miniatureaustralianshepherdclubofamerica.com
 registrar.masca@gmail.com



Application for Individual Dog Registration (IDR)

Instructions for the Application:

1. If the litter was registered with MASCA, you must use the form provided by the Registrar of MASCA or complete online
2. Include a copy of a registration certificate for a Miniature Australian Shepherd or Australian shepherd from a MASCA recognized organization.
3. Include a minimum of three (3) generation pedigree with only Miniature Australian Shepherd or Australian Shepherd ancestors' registration Names and numbers noted (no other numbers will be accepted)
4. A minimum of 1 picture (up to 3) is required.
5. MASCA will issue a Limited Registration Certificate if the dog was sold on a spay/neuter contract, and no offspring of the dog will be eligible for MASCA registration.
6. Make check or money order payable to MASCA.
7. If you would like to pay using PayPal, please provide your email address: _____

To be completed by Owner(s). Complete form online or type/print in ink. Erasures may cause return of Application.			
Registered Name of Dog (maximum of 34 letters including spaces):			
Registration #(s) (list all):		Registries (list all):	
Date of Birth:		Tattoo/microchip #	
Sex: <input type="checkbox"/> male <input type="checkbox"/> female	Eye Color-Right (check all that apply): <input type="checkbox"/> blue <input type="checkbox"/> brown <input type="checkbox"/> amber <input type="checkbox"/> marbled	Body Color: <input type="checkbox"/> red <input type="checkbox"/> black <input type="checkbox"/> blue merle <input type="checkbox"/> red merle	
Trim Color: <input type="checkbox"/> copper <input type="checkbox"/> white	Eye Color-Left (check all that apply): <input type="checkbox"/> blue <input type="checkbox"/> brown <input type="checkbox"/> amber <input type="checkbox"/> marbled	Tail: <input type="checkbox"/> docked <input type="checkbox"/> natural bob <input type="checkbox"/> docked bob <input type="checkbox"/> long	
Name of Owner:			
Address:			
Email:			
Telephone:			
Name of Co-Owner:			
Address:			
Email:			
Telephone:			
Name of Breeder:			
Breeder Address:			
Acquired From:		Date Acquired:	
Acquired From Address:			
Was dog purchased on a Spay/Neuter contract? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sire Registered Name			
Registration #(s):		Registries	
Dam Registered Name:			
Registration #(s):		Registries	
Type of Registration (check one box only):			
<input type="checkbox"/> FULL: Offspring are eligible for registration. Entry in dog events is unrestricted by registration		<input type="checkbox"/> Not For Offspring are not eligible for registration. Breeding: Entry in conformation events is restricted.	

I (we) apply to the Miniature Australian Shepherd Club of America, Inc. (MASCA) to have a Registration Certificate issued in my (our) name(s). I (we) testify that all information submitted on this Application is correct. I (we) agree to abide by MASCA rules, regulations and Code of Ethics. I (we) understand that failure to do so can result in the suspension or restriction of registration privileges and disciplinary action, as determined by the Board of Directors in accordance with the MASCA By-laws and Code of Ethics. This Application constitutes only consideration for registration and does not guarantee registration with MASCA

Owner Signature: _____ Date: _____

Co-Owner Signature: _____ Date: _____

revised December 2021