

Miniature Australian Shepherd Club of America, Inc

miniatureaustralianshepherdclubofamerica.com
 mascainformation@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 on line with ticket number from the registrar.
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 Miniature Australian Shepherd or Australian Shepherd ancestors' registration numbers noted ONLY (please use the MASCA Pedigree Form or provide your own).
4. 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.
5. Make check or money order payable to MASCA. Mail to address at the top of this form.
6. If you would like to pay using PayPal, please provide your email address: _____
7. If you want the dog's microchip number on the registration form please provide it here: _____

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:		Height at Withers:
Sex: () male () female	Eye Color-Right (check all that apply): () blue () brown () amber () marbled	Body Color: () red () black () blue merle () red merle
Trim Color: () copper () white	Eye Color-Left (check all that apply): () blue () brown () amber () marbled	Tail: () docked () natural bob () docked bob () 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? () Yes () No

Sire Registered Name

Registration #(s): _____ Registries _____

Dam Registered Name:

Registration #(s): _____ Registries _____

Type of Registration (check one box only):

() FULL: Offspring are eligible for registration. Entry in dog events is unrestricted by registration () Not For Breeding: Offspring are not eligible for registration. 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: _____