

# Miniature Australian Shepherd Club of America, Inc

miniatureaustralianshepherdclubofamerica.com  
 mascainformation@gmail.com



## Application for Limited Eligibility Priviledge (LEP)

Please include the following with the Application:

1. Signed veterinary document, statement or proof that dog is altered (spayed or neutered). ALL dogs applying for the MASCA Limited Eligibility Privilege (LEP) must be altered. Such dog is disqualified from conformation events (except MASCA Altered and Get/Produce Classes) and no offspring of the dog would be eligible for MASCA registration. LEP dogs are eligible for all MASCA performance programs.
2. Registration and pedigree from acceptable club , send in a Three (3) generation pedigree with ancestors' registration numbers noted as far back as known (please use the MASCA Pedigree Form or provide your own.).
3. Make check or money order payable to MASCA. Mail to address at the top of this form.
4. If you would like to pay using PayPal, please provide your email address: \_\_\_\_\_
5. 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 Breeder:	
Breeder Address:	
Acquired From:	Date Acquired:
Acquired From Address:	
Was dog purchased on a Spay/Neuter contract? ( ) Yes ( ) No	

Sire Registered Name:	Dam Registered Name:
Registration #(s):	Registration #(s):
Registries:	Registries:

Name of Owner:	Name of Co-Owner:
Address:	Address:
Email:	Email:
Telephone:	Telephone:

I (we) apply to the Miniature Australian Shepherd Club of America, Inc. (MASCA) to have an LEP 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 Nov 30 2020



