

ESCR LITTER REGISTRATION APPLICATION

LITTER INFORMATION

Date of Breeding _____

Location _____
City/State

Date of Birth _____

Location _____
City/State

Number Born Live Stillborn
Males _____
Females _____

Number of Pups Surviving:
Males _____ Females _____

Breeding Method Natural _____ AI _____

FEES

Litter Registration \$ 18.00
(up to 1 year old)

Optional Full Registration +\$ _____
(\$8 per pup)

Optional Engraved Collar Tag +\$ _____
(\$6.50 per pup)

Total Of All Fees Enclosed \$ _____

Please refer to current fee schedule for additional Paypal or out of country surcharges.

Mail completed application, including puppy pages, & fees to:

English Shepherd Club Registry
1904 Transit Trail
Apex, NC 27502

For more information:
registrar@esc-registry.org
919-362-9303



SIRE INFORMATION

Registered Name of Sire _____ ESC # _____

If sire is not ESC registered, please attach a complete copy of his UKC, IESR or ARF registration certificate.

Owner _____ / _____ / _____
Name (please print legibly) Signature Required Date

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

I did witness at least one breeding tie between the dogs named on this application on the date(s) indicated. Initial _____

DAM INFORMATION

Registered Name of Dam _____ ESC # _____

If dam is not ESC registered, please attach a complete copy of her UKC, IESR or ARF registration certificate.

Owner _____ / _____ / _____
Name (please print legibly) Signature Required Date

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

I did witness at least one breeding tie between the dogs named on this application on the date(s) indicated. Initial _____

BREEDER INFORMATION (PERSON RESPONSIBLE FOR LITTER)

If dam is not owned by the breeder, please attach a copy of the lease agreement between the dam owner and the breeder.

Breeder _____ / _____ / _____
Name (please print legibly) Signature Required Date

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

If breeding was not witnessed, please describe how paternity was established _____

Blue Section - Always Required**White Section - Optional - Fill Out For Full Registration to New Owner**

Pup #1 Sex _____ Color _____ Rear Dewclaws Yes/ No Natural Bobtail Yes/ No Docked Tail Yes/ No Blue Eyes Yes/ No Optional Collar Tag Yes/ No	Pup #1 Registered Name _____ Call Name _____ Microchip # _____ Microchip type _____ Owner Name _____ Phone _____ Address _____ City _____ State _____ Zip _____ Email _____ Beneficiary _____ Beneficiary Address _____
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Pup #2 Sex _____ Color _____ Rear Dewclaws Yes/ No Natural Bobtail Yes/ No Docked Tail Yes/ No Blue Eyes Yes/ No Optional Collar Tag Yes/ No	Pup #2 Registered Name _____ Call Name _____ Microchip # _____ Microchip type _____ Owner Name _____ Phone _____ Address _____ City _____ State _____ Zip _____ Email _____ Beneficiary _____ Beneficiary Address _____
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Pup #3 Sex _____ Color _____ Rear Dewclaws Yes/ No Natural Bobtail Yes/ No Docked Tail Yes/ No Blue Eyes Yes/ No Optional Collar Tag Yes/ No	Pup #3 Registered Name _____ Call Name _____ Microchip # _____ Microchip type _____ Owner Name _____ Phone _____ Address _____ City _____ State _____ Zip _____ Email _____ Beneficiary _____ Beneficiary Address _____
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Pup #4 Sex _____ Color _____ Rear Dewclaws Yes/ No Natural Bobtail Yes/ No Docked Tail Yes/ No Blue Eyes Yes/ No Optional Collar Tag Yes/ No	Pup #4 Registered Name _____ Call Name _____ Microchip # _____ Microchip type _____ Owner Name _____ Phone _____ Address _____ City _____ State _____ Zip _____ Email _____ Beneficiary _____ Beneficiary Address _____
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Blue Section - Always Required**White Section - Optional - Fill Out For Full Registration to New Owner**

Pup #5 Sex _____

Color _____

Rear Dewclaws Yes/ No
 Natural Bobtail Yes/ No
 Docked Tail Yes/ No
 Blue Eyes Yes/ No
 Optional Collar Tag Yes/ No

Pup #5 Registered Name _____

Call Name _____ Microchip # _____ Microchip type _____

Owner Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ Beneficiary _____

Beneficiary Address _____

Pup #6 Sex _____

Color _____

Rear Dewclaws Yes/ No
 Natural Bobtail Yes/ No
 Docked Tail Yes/ No
 Blue Eyes Yes/ No
 Optional Collar Tag Yes/ No

Pup #6 Registered Name _____

Call Name _____ Microchip # _____ Microchip type _____

Owner Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ Beneficiary _____

Beneficiary Address _____

Pup #7 Sex _____

Color _____

Rear Dewclaws Yes/ No
 Natural Bobtail Yes/ No
 Docked Tail Yes/ No
 Blue Eyes Yes/ No
 Optional Collar Tag Yes/ No

Pup #7 Registered Name _____

Call Name _____ Microchip # _____ Microchip type _____

Owner Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ Beneficiary _____

Beneficiary Address _____

Pup #8 Sex _____

Color _____

Rear Dewclaws Yes/ No
 Natural Bobtail Yes/ No
 Docked Tail Yes/ No
 Blue Eyes Yes/ No
 Optional Collar Tag Yes/ No

Pup #8 Registered Name _____

Call Name _____ Microchip # _____ Microchip type _____

Owner Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ Beneficiary _____

Beneficiary Address _____

Blue Section - Always Required**White Section - Optional - Fill Out For Full Registration to New Owner****Pup #9** Sex _____**Color** _____

Rear Dewclaws Yes/ No
 Natural Bobtail Yes/ No
 Docked Tail Yes/ No
 Blue Eyes Yes/ No
 Optional Collar Tag Yes/ No

Pup #9 Registered Name _____

Call Name _____ Microchip # _____ Microchip type _____

Owner Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ Beneficiary _____

Beneficiary Address _____

Pup #10 Sex _____**Color** _____

Rear Dewclaws Yes/ No
 Natural Bobtail Yes/ No
 Docked Tail Yes/ No
 Blue Eyes Yes/ No
 Optional Collar Tag Yes/ No

Pup #10 Registered Name _____

Call Name _____ Microchip # _____ Microchip type _____

Owner Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ Beneficiary _____

Beneficiary Address _____

Pup #11 Sex _____**Color** _____

Rear Dewclaws Yes/ No
 Natural Bobtail Yes/ No
 Docked Tail Yes/ No
 Blue Eyes Yes/ No
 Optional Collar Tag Yes/ No

Pup #11 Registered Name _____

Call Name _____ Microchip # _____ Microchip type _____

Owner Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ Beneficiary _____

Beneficiary Address _____

Pup #12 Sex _____**Color** _____

Rear Dewclaws Yes/ No
 Natural Bobtail Yes/ No
 Docked Tail Yes/ No
 Blue Eyes Yes/ No
 Optional Collar Tag Yes/ No

Pup #12 Registered Name _____

Call Name _____ Microchip # _____ Microchip type _____

Owner Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ Beneficiary _____

Beneficiary Address _____

For All Artificial Inseminations:

I witnessed the artificial insemination. **Yes / No**

Breeder _____ / _____ / _____
Name (please print) Signature Date

For Artificial Inseminations Using Frozen Semen:

**Please attach a copy of the sire's DNA report, if one is not already on file with the English Shepherd Club Registry.*

Name of Storage Facility _____

Address _____ City _____ State _____ Zipcode _____

I affirm that the following breeding unit(s) was (were) sealed when presented to me and that none of the semen was used to inseminate any other bitch.

Units Used _____ Breeding Unit Number _____ Date Semen Collected _____

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Units Used _____ Breeding Unit Number _____ Date Semen Collected _____

Insemination was performed on _____ by _____ / _____ / _____
Date Veterinarian's Name (please print) Signature License #

Address _____ City _____ State _____ Zipcode _____ Phone Number _____

Optional Health Questionnaire

This portion of the litter registration will help track important health information on the English Shepherd breed. Filling out this portion of the application is voluntary.

Natural Whelping
YES / NO

Emergency Caesarian
YES / NO

Planned Caesarian
YES / NO

Oxytocin or Pitocin administered before last birth
YES / NO

Perinatal Mortality and Morbidity Report (this litter)

Number of puppies born dead		Any visible defects among puppies born dead? (Please describe)	
Number of puppies died accidentally		Please describe mechanism (crush by dam, dropped, etc.)	
Number of puppies died of natural causes		Describe cause of death, if known	
Number of puppies euthanized		Describe reason for euthanasia	
Number of surviving puppies with evident defects		Describe defect	