



LITTER REGISTRATION REQUEST

STANDARD PREMIUM REGISTRATION



Name of Selected Breed Club: HUNGÁRIA TOY MOLOSSER KUTYÁSOK EGYESÜLETE

Breed: _____ hair: _____ size: _____

Kennel name: _____ Breeder: _____

Address: _____ Phone number: _____

Mailing addr.: _____ E-mail: _____

Litter whelped: _____ year _____ month _____ day Puppy count: _____ males, _____ females

Chip implanting Vet's name, address: _____

	SIRE	DAM
Name:		
Registration no.:		
Coat colour / size:		
Date of Breeding license:		
Health tests:		
Show/work results:		

Kennel name: <input type="checkbox"/> in front, <input type="checkbox"/> behind		OFFSPRING	
males		females	
individual name	colour / hair type	individual name	colour / hair type
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	
7.		7.	
8.		8.	

By signing this document, I the undersigned breeder/owner ask for the studbook registration of the certain puppies in the litter and for the correct registration of their datas in their pedigrees. By signing this document I declare that I take note and I agree that MEOESZ (seat: 1116 Budapest, Tétényi út 128/b-130.) and breed clubs acting and proceeding under the assignment of MEOESZ collect, use, handle and record necessary and sufficient personal datas obtained from me, they can share those datas with organizations in contractual connection with MEOESZ up to the necessary extent that allows them to provide studbook services and to manage FCI recognition for my rearing. All forms of data management and providing any registered datas toward the authorities fall under the regulation of the normative laws. I declare under penalty of perjury that the above datas and documents provided my me are factually correct. By signing this document I declare that I have learnt and I am familiar with the statutes and other rules of procedure of MEOESZ and of the breed club commissioned by MEOESZ and I undertake to act according to them. I accept that noncompliance and/ or provision of false datas ministered by me will result in Service Provider's refusal of services, invalidating the datas and documents. I further declare that I possess the originals documents of the ones attached electronically or in the for of copy and the content of the attachment is identical with the original ones. I undertake to preserve the original documents and to present or enclose them for 10 years from the date of signing the current document.

Date: _____, 20____ year _____ month _____ day

I'LL COME to pick it up.

PLEASE MAIL it to my mailing address above.

Signature of Breeder

To be filled by Office	Ellenőrzésre: _____	Postázva: _____	Átvéve: _____	All data checked, correct: _____
	<input type="checkbox"/> jóváhagyva		→	

Attachments: original Mating Certificate, original Microchip Implanting Certificate, copy of parents' pedigree (both sides), breeding license, health certificates, show result documents, proof of payment of service fee, copy of MEOESZ membership card / NOT member