



VERIFICATION OF BREEDING

Date of Breeding _____

Name of Sire _____

Reg. # _____ Date of Birth _____

Training Degree _____ Show Rating _____

Breed Survey (check one) Yes No Where _____ Date _____
(if surveyed in same year as bred)

Name of Dam _____

Reg. # _____ Date of Birth _____

Training Degree _____ Show Rating _____

Breed Survey (check one) Yes No Where _____ Date _____
(if surveyed in same year as bred)

Breed Survey Master _____

Owner's Name _____

Street Address _____

City, State, Zip _____

Co-Owner's Name(s) _____

Owner's Signature _____ Date _____

VETERINARIAN VERIFICATION OF PREGNANCY TO BE COMPLETED BY THE VETERINARIAN

I have examined the herein described female German Shepherd Dog, and in my opinion, she is at least 42 days pregnant.

I have examined the herein described female German Shepherd Dog and hereby verify she is suckling puppies

Name of Veterinarian (please print) _____ Lic. # _____

Name of Clinic _____

Street Address _____

City, State, Zip _____

Signature _____ Date _____