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Fédération Cynologique Internationale

| тс   | O BE COM              | PLETED I     |                           | ) OWNER/S OF  | DAM (MOT        |               |                | OR REGIS     |           |          |                    | OMPLE                      | TE LITTER – <i>B</i><br>TO BE C   |                                     | EGISTER<br>D BY REG                     |               |              | R/S OF S       | IRE(FA    | THER)            |                   | MEMBE            | RSHIP       | MUST BE                 | E CURRE       | NT         |             |           |
|--|-----------------------|--------------|---------------------------|---|-----------------|---------------|----------------|--------------|-----------|----------|--------------------|----------------------------|---|-------------------------------------|---|---------------|--------------|----------------|-----------|------------------|-------------------|------------------|-------------|-------------------------|---------------|------------|-------------|-----------|
| Breed  |                       |              |                           |   |                 |               |                |              |           |          |                    |                            | Breed   |                                     |   |               |              |                |           |                  |                   |                  |             |                         |               |            |             |           |
| Name:<br>Dam<br>(Mother)                         |                       |              |                           |   |                 |               |                |              |           |          |                    |                            | Name:<br>Sire<br>(Father)   |                                     |   |               |              |                |           |                  |                   |                  |             |                         |               |            |             | <br>      |
| Reg. No.   |                       |              |                           |   |                 |               |                |              |           |          |                    |                            | Reg. No.  |                                     |   |               |              |                |           |                  |                   |                  |             |                         |               |            |             |           |
| If applicant is                                  | s a minor ·           | - under      | 8 – legal gua             | rdian to sign a   | & provide       | IDnumber      |                |              |           |          |                    |                            | If applicar   | it is a mir                         | nor – unde                              | er 18 –       | legal g      | uardian        | to sign   | & provi          | de ID nui         | nber             | 1           |                         |               |            |             |           |
| Surname (M                                       | e (Mr/Mrs/Miss/Minor) |              |                           |   |                 |               |                |              |           |          |                    |                            |   |                                     | Surname (Mr/Mrs/Miss/Minor)             |               |              |                |           |                  |                   |                  |             |                         |               |            |             |           |
| First Names                                      | \$                    |              | First Names               |   |                 |               |                |              |           |          |                    |                            |   |                                     |   |               |              |                |           |                  |                   |                  |             |                         |               |            |             |           |
| Postal Addre                                     |                       |              |                           |   |                 |               |                |              |           |          |                    |                            | Postal Ac   |                                     |   |               |              |                |           |                  |                   |                  |             |                         |               |            |             |           |
| Email  |                       |              |                           | Email We hereby declare that l/we accept and understand that if any information is found to be inaccurate to any degree whatsoever, that l/We may be subject to disciplinar |                 |               |                |              |           |          |                    |                            |   |                                     |   |               |              |                |           |                  |                   |                  |             |                         |               |            |             |           |
| *By my signature to th                           | his form, I/W         | e the regist | ered owners(s) of t       | he dam of this litt   | ter, affirm tha | t the puppies | here listed ha | ave been mic | crochippe | d as per | details h<br>actio | ereby given<br>on in terms | I/We hereby declare of Schedule 1.  | that I/we ac                        | cept and und                            | lerstand t    | that if any  | informatio     | n is four | nd to be ina     | ccurate to        | any degree v     | hatsoe      | ver, that I/V           | Ve may be     | subjec     | t to disc   | iplinary  |
| Signature  | *Mand                 | atory        |                           |   | I.D.            | Number        |                |              |           |          |                    |                            | Signature   | Mano                                | latory                                  |               |              |                |           |                  |                   | I.D. Numb        | er          |                         |               |            |             |           |
| If applicant is                                  | a minor               | - under      | 8 – legal gua             | rdian to sign a   | & provide       | IDnumber      |                |              |           |          |                    |                            | If applicar   | nt is a mir                         | nor – unde                              | er 18 –       | legal g      | uardian        | to sign   | & provi          | de ID nui         | mber             |             |                         |               |            |             |           |
| Surname (M                                       | /////                 | ss/Minor     | )                         |   |                 |               |                |              |           |          |                    |                            | Surname   | (Mr/Mrs                             | /Miss/Mir                               | 10r)          |              |                |           |                  |                   |                  |             |                         |               |            |             |           |
| First Names                                      | s                     |              |                           |   | Tel No:         |               |                |              |           |          |                    |                            | First Nam   | ies                                 |   | ,<br>         |              |                |           | Tel N            | o:                |                  |             |                         |               |            |             |           |
| Postal Addre                                     | 000                   |              |                           |   |                 |               |                |              |           |          |                    |                            | Postal Ac   | Idrocc                              |   |               |              |                |           |                  |                   |                  |             |                         |               |            |             |           |
|  |                       |              |                           |   |                 |               |                |              |           |          |                    |                            |   |                                     |   |               |              |                |           |                  |                   |                  |             |                         |               |            |             | •         |
|  |                       |              |                           |   |                 |               |                | Me           | m.        |          |                    |                            | 7   |                                     |   |               |              |                |           |                  |                   |                  | Ī           | Mem.                    |               |            |             |           |
| Email  |                       |              |                           |   |                 |               |                | No           |           | d as per | details h          | ereby given                | Email   |                                     |   |               |              |                |           |                  |                   |                  | /hatsoe     | No<br>ver, that I/V     | Ve may be     | subjec     | t to disc   | ciplinary |
|  |                       |              |                           |   |                 |               |                |              |           | -        | actio              | on in terms                | of Schedule 1.  |                                     | -                                       |               | -            |                |           |                  |                   |                  |             |                         | -             | -          |             |           |
| Signature  | *Mand                 | 5            |                           |   | I.D.            | Number        |                |              |           |          |                    |                            | Signature   | Mano                                | latory                                  |               |              |                |           |                  |                   | I.D. Numb        | ber         |                         |               |            |             |           |
| MATING DE<br>I/We certify th                     |                       |              |                           |   | ed.             |               |                |              |           |          |                    |                            | CONSTITUTION, Art   |                                     |   |               |              |                | fadon.ort | he registration  | n of an affix: sh | all he deemed ti | nereby to l | have submitte           | d to and agre | ed to be l | bound by t  | the       |
| Natu   | ural Mati             | ng           | Artificial<br>Inseminatio | 'n  |                 |               |                |              |           |          |                    | k                          | very person (a) making appl<br>USA Constitution and all Scl<br>his name or owned, or regi | hedules, with p<br>stered or record | articular referend<br>ded by him jointl | y with anothe | er or others | or owned or re | corded or | registered in th | ne name of a r    | ominee, or exhib | ited or ha  | ndled by him            | ned by him,   | registered | d or record | led       |
| If by artificial inser                           | emination, c          | ontact KU    | A office for addit        | tional requireme  | ents            |               |                |              |           |          |                    |                            | METHOD OF PAYN  |                                     |   | <u> </u>      | Visa         | EFT            |           | Master Ca        | rd                | BANKI            |             |                         |               |            |             |           |
| 1 <sup>st</sup> MATING<br>2 <sup>nd</sup> MATING | D                     | D M          | M Y                       | Y   |                 |               |                |              |           |          |                    |                            | Please submit payment   | t or proof of                       |   |               |              |                |           |                  |                   | Bank:            | First N     | nnel Unic<br>Iational E | Bank          | uthern     | Africa      | í.        |
| 2 11110  | D                     | DM           | MY                        | Y   | Date<br>of litt | of birth      | D D            | M            | 1 Y       | Y        |                    |                            | Credit Card No  |                                     |   |               |              |                |           |                  |                   |                  |             | 651 (Por<br>50 655      | tside)        |            |             |           |
| And 40 ft  |                       |              |                           |   | or nu           |               |                | I            | 1         |          |                    |                            | Cardholder Name (Plea   |                                     |   |               |              |                |           |                  |                   |                  |             | nber: 514               | 500256        | 35         |             |           |
| And the mating v                                 |                       | •            | 0                         |   |                 |               |                |              |           |          |                    |                            |   |                                     |   |               |              |                |           |                  |                   |                  |             | ,                       | Version       | Janua      | ry 2021     | 1         |
| Date:  |                       |              | Sign                      | ature/s:  |                 |               |                |              |           |          |                    |                            |   |                                     |   |               |              |                |           |                  |                   |                  |             |                         |               |            | 1           |           |

|           |         |                       |        |   |   |   |   | Bree | d Reg    | gister | s Onl   | у  |           |          |         | Requ               | ests fo          | or Healt              | h Cert              | ificates          | s – par  | ent's te | est res | ults to | be atta | ached or t | to be on KUSA reco           | rd.                                |  |
|-----------|---------|-----------------------|--------|---|---|---|---|------|----------|--------|---------|----|-----------|----------|---------|--------------------|------------------|-----------------------|---------------------|-------------------|----------|----------|---------|---------|---------|------------|------------------------------|------------------------------------|--|
| Reg. No   | o. Dam  |                       |        |   |   |   |   |      |          |        |         |    |           | Reg No   | Sire    |                    |                  |                       |                     |                   |          |          |         |         |         | Date       | of Birth of litter           | D D M                              | M Y Y                                      |
| Reg. Affi | x to be | used as               | prefix |   |   |   |   |      |          |        |         |    |           |          |         |                    | NL               | JMBER                 | of Pu               | IPPIES            | IN TH    | IS LITT  | ER *    |         |         |            |                              | N/E Not eligible<br>N/P Progeny no | for Export<br>ot eligible for registration |
| NOTE: A   |         | PIES IN T<br>USA rese |        |   |   |   |   |      |          |        | AME TIM | E. | *NOTE: \$ | SIMULTAN | EOUS TR | ANSFER (<br>INCLUE | of own<br>Ded on | iership i<br>This App | S OPTIO<br>PLICATIO | NAL.DE1<br>NFORM* | TAILS OF | F NEW O  | WNER T  | O BE    |         | SEX<br>M/F | Health Certificate<br>Yes/No | Colour                             | Breeders<br>Restriction                    |
| Choice 1  |         |                       |        |   |   |   |   |      |          |        |         |    |           |          |         |                    |                  |                       |                     |                   |          |          |         |         |         |            |                              |                                    |  |
| Choice 2  | 2       |                       |        |   |   |   |   |      |          |        |         |    |           |          |         |                    |                  |                       |                     |                   |          |          |         |         |         | *lni       | tial and Surname of Nev      | / Owner                            |  |
| Chip No.  |         |                       |        |   |   |   |   |      |          |        |         |    |           |          |         |                    |                  |                       |                     |                   |          |          |         |         |         |            |                              | Owner                              |  |
|           |         |                       |        |   |   |   |   |      |          |        |         |    |           |          |         |                    |                  |                       |                     |                   |          |          |         |         |         | SEX<br>M/F | Health Certificate<br>Yes/No | Colour                             | Breeders<br>Restriction                    |
| Choice 1  |         |                       |        |   |   |   |   |      | Τ        |        |         |    |           |          |         |                    |                  |                       |                     |                   |          |          |         |         |         |            |                              |                                    |  |
| Choice 2  | !       |                       |        |   |   |   |   |      |          |        |         |    |           |          |         |                    |                  |                       |                     |                   |          |          |         |         |         | *Ini       | itial and Surname of Nev     | v Owner                            |  |
| Chip No.  |         |                       |        |   |   |   |   |      |          |        |         |    |           |          |         |                    |                  |                       |                     |                   |          |          |         |         |         |            |                              |                                    |  |
|           |         |                       |        |   |   |   |   |      |          |        |         |    | <b>I</b>  |          |         |                    |                  |                       |                     |                   |          |          |         |         |         | SEX        | Health Certificate           | Colour                             | Breeders                                   |
| Choice 1  |         |                       | T      |   |   |   |   |      | T        |        | 1       |    |           |          | 1       |                    |                  |                       |                     |                   |          |          |         |         |         | M/F        | Yes/No                       |                                    | Restriction                                |
| Choice 2  | !       |                       |        |   |   |   |   |      |          |        |         |    |           |          |         |                    |                  |                       |                     |                   |          |          |         |         |         |            |                              |                                    |  |
| Chip No.  |         |                       |        |   |   |   |   |      | +        |        |         |    |           |          |         |                    |                  |                       |                     |                   |          |          |         |         |         | *Ini       | tial and Surname of Nev      | v Owner                            |  |
|           |         |                       |        |   |   |   |   |      | <u> </u> |        |         |    |           |          |         |                    |                  |                       |                     |                   |          |          |         |         |         | SEX        | Uselik Oselilisete           | I                                  | Breeders                                   |
| Chains d  | 1       |                       |        |   | - |   | - |      |          |        | 1       |    | 1         |          |         |                    | -                |                       |                     | 1                 | 1        |          |         |         |         | SEX<br>M/F | Health Certificate<br>Yes/No | Colour                             | Restriction                                |
| Choice 1  |         |                       |        |   |   |   |   |      |          |        |         |    |           |          |         |                    |                  |                       |                     |                   |          |          |         |         |         |            |                              |                                    |  |
| Choice 2  |         |                       | _      |   |   |   |   |      | <u> </u> |        |         |    |           |          |         |                    |                  |                       |                     |                   |          |          |         |         |         | *Ini       | itial and Surname of New     | v Owner                            |  |
| Chip No.  |         |                       |        |   |   |   |   |      |          |        |         |    |           |          |         |                    |                  |                       |                     |                   |          |          |         |         |         |            |                              |                                    |  |
|           |         |                       |        |   |   |   |   |      |          |        |         |    |           |          |         |                    |                  |                       |                     |                   |          |          |         |         |         | SEX<br>M/F | Health Certificate<br>Yes/No | Colour                             | Breeders<br>Restriction                    |
| Choice 1  |         |                       |        |   |   |   |   |      |          |        |         |    |           |          |         |                    |                  |                       |                     |                   |          |          |         |         |         |            |                              |                                    |  |
| Choice 2  | !       |                       |        |   |   |   |   |      |          |        |         |    |           |          |         |                    |                  |                       |                     |                   |          |          |         |         |         | *Ini       | itial and Surname of Nev     | v Owner                            |  |
| Chip No.  |         |                       |        |   |   |   |   |      |          |        |         |    |           |          |         |                    |                  |                       |                     |                   |          |          |         |         |         |            |                              |                                    |  |
|           |         |                       | 1      | 1 | 1 | 1 | 1 |      |          | 1      |         | 1  |           | <u>,</u> |         |                    |                  |                       |                     |                   |          |          |         |         |         | SEX<br>M/F | Health Certificate<br>Yes/No | Colour                             | Breeders<br>Restriction                    |
| Choice 1  |         |                       |        |   |   |   |   |      |          |        |         |    |           |          |         |                    |                  |                       |                     |                   |          |          |         |         |         | 141/1      | 165/110                      |                                    | กระเทษแบบ                                  |
| Choice 2  | !       |                       | 1      |   |   |   |   | 1    | 1        |        | 1       |    |           |          |         |                    |                  |                       | 1                   |                   |          |          |         |         |         | *1         | itial and Surname of Nev     | u Owner                            |  |
| Chip No.  |         |                       |        |   |   |   |   | 1    | 1        |        | 1       |    |           |          |         |                    |                  |                       |                     |                   |          |          |         |         |         | IN         | niai anu Sumame oi Nev       |                                    |  |

|  |   |   |  |   |  |  |  |      |  |   |   |  |   |   |   | ſ | SEX<br>M/F                               | Health Certificate<br>Yes/No   | Colour                    | Breeders<br>Restriction                            |
|--|---|---|--|---|--|--|--|------|--|---|---|--|---|---|---|---|--|--|---------------------------|--|
| Choice 1   | I |   |  |   |  |  |  |      |  |   |   |  |   |   |   |   |  |  |                           |  |
| Choice 2   | 2 |   |  |   |  |  |  |      |  |   |   |  |   |   |   |   | *Ini                                     | tial and Surname of New  | Owner                     |  |
| Chip No.   |   |   |  |   |  |  |  |      |  |   |   |  |   |   |   |   |  |  |                           |  |
|  |   | • |  |   |  |  |  |      |  | • |   |  |   |   |   | Г |  |  |                           |  |
|  |   |   |  | 1 |  |  |  |      |  |   | - |  | 1 | 1 | 1 |   | SEX<br>M/F                               | Health Certificate<br>Yes/No   | Colour                    | Breeders<br>Restriction                            |
| Choice 1   |   |   |  |   |  |  |  |      |  |   |   |  |   |   |   |   |  |  |                           |  |
| Choice 2   |   |   |  |   |  |  |  |      |  |   |   |  |   |   |   |   | *Ini                                     | tial and Surname of New  | Owner                     |  |
| Chip No.   | • |   |  |   |  |  |  |      |  |   |   |  |   |   |   |   |  |  |                           |  |
|  |   |   |  |   |  |  |  |      |  |   |   |  |   |   |   | [ | SEX<br>M/F                               | Health Certificate<br>Yes/No   | Colour                    | Breeders<br>Restriction                            |
| Choice 1   | I |   |  |   |  |  |  |      |  |   |   |  |   |   |   |   |  |  |                           |  |
| Choice 2   | 2 |   |  |   |  |  |  |      |  |   |   |  |   |   |   |   | *Ini                                     | tial and Surname of New  | Owner                     |  |
| Chip No.   |   |   |  |   |  |  |  |      |  |   |   |  |   |   |   |   |  |  |                           |  |
|  |   |   |  |   |  |  |  | <br> |  |   |   |  |   |   |   |   | SEX                                      | Health Certificate   | 0.1                       | Breeders   |
|  |   |   |  |   |  |  |  |      |  |   |   |  |   |   |   |   |  |  |                           |  |
| Choice 1   | I |   |  |   |  |  |  |      |  |   |   |  |   |   |   |   | M/F                                      | Yes/No   | Colour                    | Restriction  |
|  |   |   |  |   |  |  |  |      |  |   |   |  |   |   |   |   |  |  |                           |  |
| Choice 2   | 2 |   |  |   |  |  |  |      |  |   |   |  |   |   |   |   |  | Yes/No   |                           |  |
| Choice 2   | 2 |   |  |   |  |  |  |      |  |   |   |  |   |   |   |   | *Ini                                     | tial and Surname of New  |                           | Restriction  |
| Choice 1<br>Choice 2<br>Chip No.                         | 2 |   |  |   |  |  |  |      |  |   |   |  |   |   |   |   |  |  |                           |  |
| Choice 2<br>Chip No.                                     | 2 |   |  |   |  |  |  |      |  |   |   |  |   |   |   |   | *Ini<br>SEX                              | tial and Surname of New  | Owner                     | Restriction  |
| Choice 2<br>Chip No.<br>Choice 1<br>Choice 2             | 2 |   |  |   |  |  |  |      |  |   |   |  |   |   |   |   | *lni<br>SEX<br>M/F                       | tial and Surname of New  | Owner<br>Colour           | Restriction  |
| Choice 2<br>Chip No.                                     | 2 |   |  |   |  |  |  |      |  |   |   |  |   |   |   |   | *lni<br>SEX<br>M/F                       | tial and Surname of New Health Certificate Yes/No  | Owner<br>Colour           | Restriction  |
| Choice 2<br>Chip No.<br>Choice 1<br>Choice 2             | 2 |   |  |   |  |  |  |      |  |   |   |  |   |   |   |   | *lni<br>SEX<br>M/F                       | tial and Surname of New Health Certificate Yes/No  | Owner<br>Colour           | Restriction  |
| Choice 2<br>Chip No.<br>Choice 1<br>Choice 2             | 2 |   |  |   |  |  |  |      |  |   |   |  |   |   |   |   | *lni<br>SEX<br>M/F<br>*lni<br>SEX        | tial and Surname of New Health Certificate Yes/No tial and Surname of New Health Certificate | Owner Colour Owner        | Restriction Breeders Restriction Breeders Breeders |
| Choice 2<br>Chip No.<br>Choice 1<br>Choice 2<br>Chip No. |   |   |  |   |  |  |  |      |  |   |   |  |   |   |   |   | *lni<br>SEX<br>M/F<br>*lni<br>SEX<br>M/F | tial and Surname of New Health Certificate Yes/No tial and Surname of New Health Certificate | Owner Colour Owner Colour | Restriction Breeders Restriction Breeders Breeders |

\* To effect transfer of ownership at the same time as registration, the application form "Transfer of Registered Ownership Simultaneous to Registration of Litter" must be completed and signed by the breeder and all the joint owners of each of the pups to be transferred. The signed transfer application form (s) must be attached to this litter registration application form.