Professional Kennel Club ®

SQUIRRELL DOG REGISTRATION APPLICATION

Registration Fee - $25

Dog's Name Desired:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Owner's Name: _____ Account # _____

Address: _____ SS # _____

City: _____ ST _____ Zip: _____

Phone: _____ Cell: _____

Breed:_____ Sex: _____ Color: _____ Date Of Birth: _____

Sire's Name: _____ PKC # *(if known)* _____

Dam's Name: _____ PKC # *(if known)* _____

Breeder's Name (if known): _____ Account # _____

If this dog is also registered in the PKC Coonhound Registry, please list dog's PKC #:_____

I certify that the above information is correct to the best of knowledge:

_____ _____

Applicant's Signature *Date*

☐ **CASH** ☐ **CHECK #** _____

AMOUNT _____ **DATE** _____

Received By: _____

CREDIT CARD INFORMATION

☐ MasterCard ☐ VISA

Card # _____

Exp Date _____ Code _____

Signature_____

Mail completed application to:

PROFESSIONAL KENNEL CLUB

P O Box 8338

Evansville, IN 47716-8338

(812) 868-1900

PKC OFFICE USE ONLY