

North American Working Airedale Terrier Association

Dog Registration Application

All information must be typed or printed neatly

Name of Dog		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Country of Birth	
Recognized Working or Show Titles (provide copies)			OFA# or other HD Rating & Country		
AKC Registration #	CKC Registration #	Other Registration #	Other Health Certification # (CERF, Elbows, etc.)		
Name of Breeder		Name of Importer		Date of Import	
Sire Information:					
Name of Sire		AKC Reg. #	CKC Reg. #	KFT Reg. #	Other Reg. #
Recognized Working or Show Titles			OFA# or other HD Rating & Country		
Dam Information:					
Name of Dam		AKC Reg. #	CKC Reg. #	KFT Reg. #	Other Reg. #
Recognized Working or Show Titles			OFA# or other HD Rating & Country		
Owner Information:					
Owner		Co-Owner			
Address		City	State	Zip	
Phone	Fax	E-Mail			
Tattoo or Microchip Information					
Microchip #					
Tattoo #	Location of Tattoo (circle one) RE-Right Ear LE-Left Ear IRT-Inner Right Thigh ILT-Inner Left Thigh				
Payment Information:					
<input type="checkbox"/> Registration \$15					
<input type="checkbox"/> I have enclosed a check or money order payable to NAWATA					
A copy of the dog's Registration from AKC, CKC, KFT or other FCI Member Kennel Club MUST accompany this application for NAWATA registration. Copies of NAWATA recognized titles, hip ratings and other certifications listed above not already on file with the registry must be submitted with this application or they will not appear on the NAWATA Registration Certificate.					
I certify that all information on this application is true and correct and that I am the Owner/Co-Owner of the dog on this application. I understand that any misrepresentation on this application is cause for revocation of the dog registration and may result in the loss of NAWATA privileges which could include expulsion from NAWATA					
Signature of Owner _____		Signature of Co-Owner _____		Date _____	
Date _____		Date _____		Date _____	

Mail Application, Fee **Sherrri Glass, NAWATA Treasurer**
and Documents to: **2549 CR 218**
Clyde, OH 43410

For Office Use		
Date Received	Date of Issue	NAWATA #