

# Application for Registration of an Individual Dog

National Shoot-to-Retrieve Association  
226 N. Mill St. #2 • Plainfield, IN 46168  
(317) 839-4059 • www.nstra.org

Please Print Clearly or Type to Avoid Errors

Registration Fee: \$20.00

Pedigree Fee: \$20.00

## Part 1. Owner Information

|            |       |      |       |
|------------|-------|------|-------|
| Name       | _____ |      |       |
| First      | M.I.  | Last |       |
| NSTRA I.D. | _____ |      |       |
| Street     | _____ |      |       |
| City       | _____ |      |       |
| State      | _____ | Zip  | _____ |
| Telephone  | _____ |      |       |
| e-mail     | _____ |      |       |

## Part 2. Information on Dog to be Registered

Provide three choices for a name. Names are limited to three words or initials (max. 20 characters, including spaces).

Choice #1 \_\_\_\_\_

Choice #2 \_\_\_\_\_

Choice #3 \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_

Color/Markings \_\_\_\_\_ Whelp Date \_\_\_\_\_

If a dog is registered with another organization:

1. Provide registration number \_\_\_\_\_
2. Attach copy of registration certificate.

If from a NSTRA-registered litter, provide Litter No. \_\_\_\_\_

## Part 3. Pedigree Information

|      |                        |                   |
|------|------------------------|-------------------|
| Sire | Name _____             | Sire's Sire _____ |
|      | Registration No. _____ |                   |
| Dam  | Name _____             | Sire's Dam _____  |
|      | Registration No. _____ |                   |
|      |                        | Dam's Sire _____  |
|      |                        |                   |
|      |                        | Dam's Dam _____   |
|      |                        |                   |

(Attach copies of registration certificates for sire and dam.)

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Owner or Lessee of Sire at Time of Service

Name \_\_\_\_\_ Address \_\_\_\_\_

## Part 4. Certificate by Owner of Dam at Time of Service

|                   |   |
|-------------------|---|
| <i>My female:</i> | <i>Was bred to:</i>                       |
| Name _____        | Name _____                                |
| Reg. No. _____    | Reg. No. _____                            |
| Breed _____       | On _____                                  |
| Color _____       | Date Puppies Whelped _____                |
| Born on _____     | Number in Litter: Male _____ Female _____ |
| Owner Name _____  | Address _____                             |

I certify that I was the owner of the above listed female at the time of service, and that all information on this form is true and accurate.

Signature \_\_\_\_\_ Address \_\_\_\_\_