North American Versatile Hunting Dog Association

Application for Single Registration

SUBMISSION AND PAYMENT INFORMATION

For your security, please do not submit this form with your credit card information via regular email. Instead, use either one of the options below:

1. Save this blank form to your computer, fill it out, and send it via encrypted email; it's easy, fast and secure. A link with full instructions is available at the top of the Forms Express Page on the NAVHDA website.
2. Complete this form, print it out and send it to NAVHDA, PO Box 520, Arlington Heights, IL 60006 or FAX it to 847.255.5987.

REQUIRED: Review the list of NAVHDA Registered/Protected Kennel Names and the Policy & Procedures for Naming of Dogs prior to submitting a registration application. NAVHDA Protected Kennel Names will not be accepted anywhere within a registered name without written permission from the Primary Kennel Owner. Written permission includes a signature from the Primary Kennel Owner on the registration application (Signature box below) **(*)**

☐ ATTACH a copy of the existing *Registration Certificate* from AKC, FDSB, CKC or a recognized breed club. ☐ AND a copy of a certified *Three Generation Pedigree* of the dog named below.

REGISTRATION FEE: ◯ **$25.00** in US Funds for current US Pedigree ◯ **$30.00** in US Funds for current Foreign Pedigree

DOG'S REGISTERED NAME – *as it appears on the Registration Certificate (not to exceed 36 letters and spaces)*

ALTERNATE NAME – *only if the NAVHDA Protected Kennel name does not have Kennel Owner Permission*

Breed:	Date of Birth:	◯ Male ◯ Female
Color:	Current Registration:	
If Microchipped:	Registration Number:	
(*) NAVHDA Registered Kennel Name to be used:		**BREEDING RESTRICTION**: By initialing this box, you are indicating that this dog is to be listed as **breeding restricted** ☐
Primary Kennel Owner **Required** Permission Signature:		

	PRIMARY OWNER	CO-OWNER
Full Name (w/middle initial):		
Street Address:		
City, State/Prov, Zip:		
Phone Number:		
Email Address:		
NAVHDA Member #:		
Signature & Today's Date:		

Please note: Handwritten signatures of the Primary and Co-Owner are not required if submitting by email.

Payment by: ◯ Visa ◯ MasterCard ◯ Amex ◯ Discover ◯ Check No: _____ payable to **NAVHDA** in US FUNDS.

Name on Credit Card: _____ Total payment: _____

CREDIT CARD NUMBER:		EXPIRATION DATE		CVV NUMBER	

STRIKING DOGS FROM THE RECORD

Should a dog have been admitted to registration, a litter enrolled, or ownership transferred through misrepresentation or fraud, the North American Versatile Hunt Dog Association, on discovery of same, reserves the right to declare the registration, enrollment, or transfer void, together with any entries that may have been made of any descendants of such dog.

NAVHDA, PO Box 520, Arlington Heights, IL 60006 FAX: 847.255.5987 PHONE: 847.253.6488