



**US Bully Registry
Litter Registration
Form**

US Bully Registry
P.O. Box 1180

Temecula, Ca 92593_

Email: usbullyreg@gmail.com_

Phone: 951-551-4919

Hours: 11:00am to 6:00pm

Monday-Friday Pacific Standard time

USBR accepts checks, money orders and credit cards payable to USBR. Please complete the form-mail or email to our address with payment to process. We will be accepting "Puppy" papers from other Registries with proper papers for parents-email for more info.

Fees: \$30.00 per litter within the US and \$35.00 for outside of the US

Litter Information											
Breed:	_____	Number_of_Puppies:	Male_____	Female_____	Total_Puppies:	_____					
Date_of_Breeding:	____/____/____	Litter_Born:	____/____/____								

Sire Information (To be completed and signed by owner/co-owner of the Sire at the time of the breeding)											
USBR_#:	_____										
Owner_Name:	_____	Phone_Number:	_() _____	-							
Co-Owner_Name:	_____	Phone_Number:	_() _____	-							
<i>I (we) certify that the DAM was bred to said male and that I (we) own that said male at the time of breeding.</i>											
Signature:	_____	Date:	_____								

Dam Information (To be completed and signed by owner/co-owner of the Dam at the time of the breeding)											
USBR_#:	_____										
Owner_Name:	_____	Phone_Number:	_() _____	-							
Co-Owner_Name:	_____	Phone_Number:	_() _____	-							
<i>I (we) certify that the DAM listed was bred to said above Sire and that the puppies were born on the date provided on the form. I (we) are the owners of the Dam and litter and have full rights to register this litter.</i>											
Signature:	_____	Date:	_____								

Payment Information											
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX	Other							
Card_Holder_Name:	_____	Email:	_____								
Card_Holder_Billing_Address:	_____	City:	_____	State:	_____	Zip:	_____				
Card_Number	_____	CVV_(last_3_on_the_back_of_card)	_____								
EXP_Date:_(mm/YY)	____/____	Cell_Phone:	_() _____	-							
Signature:	_____	Date:	_____								
Fees:											
<input type="checkbox"/> \$30.00 US REGULAR REG. (3 WEEK PROCESSING TIME FROM WHEN RECEIVED)											
<input type="checkbox"/> \$35.00 INTERNATIONAL REG. (3 WEEK PROCESSING TIME FROM WHEN RECEIVED)											
Total:	_____										