



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

Send a copy of the front and inside of your certified pedigree (3 generations) to verify lineage of the dog and who owns said dog. 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. Times in processing the paperwork is dependent on having all information we need provided in a timely manner.

Ownership of Dog	
First_Name: _____ M _____	Last_Name: _____
Street_Address: _____	City: _____ State: _____ Zip: _____
Phone_Number: (____) _____ - _____	Cell_Phone: (____) _____ - _____ Email: _____
<i>Under penalty of perjury, all information provided on this form (and attached forms) is true and correct to the best of knowledge.</i>	
Signature: _____	Date: _____

Co-Owner(s) Information	
First_Name: _____ M _____	Last_Name: _____
Street_Address: _____	City: _____ State: _____ Zip: _____
Phone_Number: (____) _____ - _____	Cell_Phone: (____) _____ - _____ Email: _____
<i>Under penalty of perjury, all information provided on this form (and attached forms) is true and correct to the best of knowledge.</i>	
Signature: _____	Date: _____
Co-owner able to sign litter(s) registration: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Registering Dog Name as shown on Pedigree (maximum characters 30)	
Breed: _____ Gender: _____ DOB: ____/____/____ Color: _____	
Registries the dogs is registered with (up to 3)	Microchip# _____ DNA# _____
Registry: _____	Number: _____ Any_Titles? _____
Registry: _____	Number: _____ Any_Titles? _____
Working titles or temperament titles? _____	

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: (____) _____ r _____			
Signature: _____	Date: _____			
Fees:				
<input type="checkbox"/> \$20.00 US REGULAR REG. (3 WEEK PROCESSING TIME FROM WHEN RECEIVED)				
<input type="checkbox"/> \$25.00 INTERNATIONAL REG. (3 WEEK PROCESSING TIME FROM WHEN RECEIVED)				
Total: _____				