

US Bully Registry Litter Registration Form

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

US Bully Registry

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

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Litter Information																													
Breed:											Number of Puppies: Ma						Female					Total Puppies:							
									~.	,	,	,		ittor Porn:					1										
Date of Breeding:											/		<i>J</i>	LI	tter	БОП	ı			/									
Sire Info	ormat	ion (To be	e cor	nplet	ed a	nd si	gned	by o	wne	r/co-d	owne	r of tl	ne Si	re at	the t	ime	of the	e bre	edin	g)								
LISBD #											1	1									1								
	USBR #: Phone Number: ()																												
	Co-Owner Name: Phone Number: ()																												
	I (we) certify that the DAM was bred to said male and that I (we) own that said male at the time of breeding.															_													
Signature: Date:																													
Dam Information (To be completed and signed by Owner/Co-Owner of DAM at time of breeding)																													
USBR #:																													
Owner Name: Phone Number: ()																													
Co-Owner Name: Phone Number: ()														_															
Address:														_															
I (we) certify that the DAM listed was bred to said above SIRE and that the puppies were born on the date provided on form. I (we) are															2														
the owners of the DAM and litter and have full rights to register this litter.																													
Signature: Date:																													
Paymen	it Info	rma	ion																										
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L Visa MasterCard Discover AMEX Other Card Holder Name:																													
																								Zip:					
Card Holder Billing Address: City: State: Zip: Cvv (last 3 on the back of card)															_														
EXP Da																													
Signature: Date:																													
Fees:		\$30.	00 U	IS RE	GUL	AR I	REG.	(3 V	VEEK	PR	OCES	SSIN	G TIN	∕IE F	RON	1 WH	HEN	REC	EIVE	D)									
	<u>_</u> \$	35.0	00 IN	ITER	NAT	ION.	AL R	EG. (3 W	EEK	PRO	CESS	SING	TIM	IE FR	OM	WH	EN F	RECE	IVED))								
	Ļ	315.0	00 RI	USH	FEE	(PR	OCES	SED	WIT	HIN	7 BI	JSIN	ESS I	DAYS	S W/	REG	SULA	AR M	IAILI	NG)									
		310.0)0 PI	RIOR	RITY I	MAI	LING	(3 V	VEE	(PR	OCE:	SSIN	G W,	/ PRI	IORI	Y MA	AILIN	IG)											
		325.0)0 RI	USH	PRIC	RIT	Y (PF	ROCE	ESSE	D W	/ITHI	NG 7	BUS	SINE	SS D	AYS	W/P	RIO	RITY	MA	ILING	i)							
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