



สมาคมผู้เลี้ยงสุนัขอเมริกันบูลลี่แห่งประเทศไทย  
THAILAND BULLY KENNEL CLUB REGISTRY  
WWW.TBKCTHAILAND.COM

# THAILAND BULLY KENNEL CLUB REGISTRY LITTER APPLICATION FORM Pg. 1

6 Thawi Watthana Road, Soi 1 Intersection 3-6, Nong Khang Phlu Subdistrict, Nong Khaem District, Bangkok.  
Email : tbkcthailand@gmail.com Tel : 063-936-1156 LineID: 0639361156

BREED \_\_\_\_\_

#MALES \_\_\_\_\_ #FEMALES \_\_\_\_\_

DATE OF BREEDING  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE OF BIRTH  
\_\_\_\_/\_\_\_\_/\_\_\_\_

### SIRE OWNER INFORMATION

NAME OF SIRE \_\_\_\_\_  
REGISTRATION # \_\_\_\_\_  
OWNER (PRINT) \_\_\_\_\_  
OWNER SIGNATURE \_\_\_\_\_

Breed \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_  
EMAIL \_\_\_\_\_

### DAM OWNER INFORMATION

NAME OF DAM \_\_\_\_\_  
REGISTRATION # \_\_\_\_\_  
OWNER (PRINT) \_\_\_\_\_  
OWNER SIGNATURE \_\_\_\_\_  
CO OWNER NAME (PRINT) \_\_\_\_\_

Breed \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_  
EMAIL \_\_\_\_\_

### LITTER INFORMATION

Pup 1. <input type="checkbox"/> Male <input type="checkbox"/> Female _____ Color/Markings	Pup 4. <input type="checkbox"/> Male <input type="checkbox"/> Female _____ Color/Markings	Pup 7. <input type="checkbox"/> Male <input type="checkbox"/> Female _____ Color/Markings	Pup 10. <input type="checkbox"/> Male <input type="checkbox"/> Female _____ Color/Markings
Pup 2. <input type="checkbox"/> Male <input type="checkbox"/> Female _____ Color/Markings	Pup 5. <input type="checkbox"/> Male <input type="checkbox"/> Female _____ Color/Markings	Pup 8. <input type="checkbox"/> Male <input type="checkbox"/> Female _____ Color/Markings	Pup 11. <input type="checkbox"/> Male <input type="checkbox"/> Female _____ Color/Markings
Pup 3. <input type="checkbox"/> Male <input type="checkbox"/> Female _____ Color/Markings	Pup 6. <input type="checkbox"/> Male <input type="checkbox"/> Female _____ Color/Markings	Pup 9. <input type="checkbox"/> Male <input type="checkbox"/> Female _____ Color/Markings	Pup 12. <input type="checkbox"/> Male <input type="checkbox"/> Female _____ Color/Markings

\*\*\*SEE 2<sup>ND</sup> & 3<sup>RD</sup> PAGE FOR PERMANENT REGISTRATION (OPTIONAL)\*\*\*

\$30 NEW LITTER (Under 1 Year Old)  \$45 (Over 1 Year Old)  Add \$50 RUSH  
 Add \$15 SHIPPING (OUTSIDE USA) Grand Total from all pages \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name on Card \_\_\_\_\_ CVC \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

By signing below, you acknowledge and agree that you are the current owner of the fore mentioned registered dog and all information provided is true and accurate. ABR™ reserves the right to deny and/or terminate registration at any time if any information is proven false. If you are denied or registration is terminated, all fee's paid will be forfeited.

Owner of Litter Signature \_\_\_\_\_ Date \_\_\_\_\_





# THAILAND BULLY KENNEL CLUB REGISTRY LITTER APPLICATION FORM Pg. 3

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Sire \_\_\_\_\_ Dam \_\_\_\_\_ DOB \_\_\_\_\_

**PUP 7 NAME ADDITIONAL \$20**

**MUST MATCH FROM PAGE 1**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

OWNER NAME _____	CO-OWNER _____
ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____
EMAIL _____	

**PUP 8 NAME ADDITIONAL \$20**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

OWNER NAME _____	CO-OWNER _____
ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____
EMAIL _____	

**PUP 9 NAME ADDITIONAL \$20**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

OWNER NAME _____	CO-OWNER _____
ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____
EMAIL _____	

**PUP 10 NAME ADDITIONAL \$20**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

OWNER NAME _____	CO-OWNER _____
ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____
EMAIL _____	

**PUP 11 NAME ADDITIONAL \$20**

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OWNER NAME _____	CO-OWNER _____
ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____
EMAIL _____	

**PUP 12 NAME ADDITIONAL \$20**

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OWNER NAME _____	CO-OWNER _____
ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____
EMAIL _____	