

## REPRINT/LOST APPLICATION FORM

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

Owner Information (Please Print Clearly, we are not responsible for mistakes when not written clearly )

First Name					- # /
First Name		MI	Last Name		
Address					
Check here if new address					
City	State Zip/Providence		Phone Number		
			( )		
Email Address					
Co Own or Information /If	· Angeliaahla\ /Diaaaa Daia	- + Cl \			
Co Owner Information (If	Applicable) (Please Prin		Last Name		
First Name		MI	Last Name		
Address					
City	State Zip/Providen	ce	Phone Number		
			( )		
Email Address			\ /		
<b>Dog Information</b> (Please P	rint Clearly)				
Dog Name	Time cicarry)	DOB (N	IM/DD/YYYY)	Gender (Check One)	
				☐ Male ☐	Female
				Iviale	Terriale
TBKC NUMBER			Color and S	pecific Marking Description	
\$25 (Reprint)	Add <b>\$15</b> Shipping (Outside T	hailand)			
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Credit Card Number				Ехр	
Nome on cond		CVC	D:II:	og 7in Code	
Name on card		cvc		ng Zip Code	
By signing below, you acknowledge and ag the right to deny and/or terminate registro					
Owner's Signature				 Date	
 Co Owner's Signature (If applicabl	 le)			 Date	