

SVCA “13” Club Application Form

<i>Registered Name of Dog:</i>		<i>DOB:</i>
<i>Registration Number:</i>		<i>Sex:</i>
<i>Organization Registered with, if not AKC:</i>		
<i>Sire:</i>	<i>Dam:</i>	
<i>Breeder(s):</i>	<i>Owner(s):</i>	
<i>Owners Address:</i>	<i>Phone:</i>	
<i>City:</i>	<i>State:</i>	<i>Zip:</i>
<i>E-mail:</i>		

Please include proof of required Health Tests and Titles or “legs” toward titles earned if not AKC.

Submit to:

***SVCA Awards Committee
svcaawards@gmail.com (email submissions preferred)***

Hard copy should be mailed to:

***Michelle Fromm
521 N Ash Place Benson, AZ 85602***