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APPLICATION TO REGISTER A SINGLE DOG – PRIMARY BREED REGISTER ONLY

Applicant (s) must be current **paid up members** of KUSA.

BREED DATE OF BIRTH <table style="display: inline-table; border: 1px solid black;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table> <table style="display: inline-table; border: 1px solid black; margin-left: 20px;"> <tr> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">F</td> </tr> </table> COLOUR <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 20px;"></div> NAME OF DOG	D	D	M	M	Y	Y	M	F	HD / ED Certificate attached? <input type="checkbox"/> Y <input type="checkbox"/> N Pedigree / Certificate of Registration attached? <input type="checkbox"/> Y <input type="checkbox"/> N DNA Profile Number (Attach Certificate): Microchip Number: Pedigree issued by:
D	D	M	M	Y	Y				
M	F								

INSERT REGISTERED AFFIX (KENNEL NAME) TO BE ADDED AS A SUFFIX TO THE REGISTERED NAME (Optional) <table style="width: 100%; border: 1px solid black; height: 20px; margin-top: 5px;"></table> BREEDER(S) NAME(S) AND POSTAL ADDRESS EMAIL: TEL. NUMBER:	SIRE NAME REG. NO. (IF APPLICABLE) <table style="width: 100%; border: 1px solid black; height: 20px; margin-top: 5px;"></table> DAM NAME REG. NO. (IF APPLICABLE) <table style="width: 100%; border: 1px solid black; height: 20px; margin-top: 5px;"></table>
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NAME OF CURRENT OWNER (1) TITLE INITIALS I.D. NUMBER: SURNAME: POSTAL ADDRESS OF CURRENT OWNER (1) POSTAL CODE TEL. CONTACT NUMBER EMAIL ADDRESS: SIGNATURE: DATE:	MEMBER NO. <table style="display: inline-table; border: 1px solid black; width: 60px; height: 20px;"></table> NAME OF CURRENT OWNER (2) TITLE INITIALS I.D. NUMBER: SURNAME: POSTAL ADDRESS OF CURRENT OWNER (2) POSTAL CODE TEL. CONTACT NUMBER EMAIL ADDRESS: SIGNATURE: DATE:	
By my signature to this form, I/we the registered owner(s) of this dog, affirm that the dog has been microchipped as per details hereby given. I/we hereby declare that I/we accept and understand that if any information is found to be inaccurate to any degree whatsoever, that I/we may be subject to disciplinary action in terms of Schedule 1.		
IF APPLICANT IS A MINOR UNDER 18 YEARS LEGAL GUARDIAN TO SIGN HERE:	GUARDIAN I.D. NO:	DATE:

CONSTITUTION, ARTICLE 21 – JURISDICTION OF KENNEL UNION

Every person (a) making application to the Kennel Union for the registration, recording or transfer of a dog or the registration of an affix; shall be deemed thereby to have submitted to and agreed to be bound by this Constitution and all Schedules, with particular reference to Schedule 9, Code of Ethics, Rules, Regulations and By-Laws framed thereunder, both in respect of himself and in respect of every dog owned by him, registered or recorded by him jointly with another or others or owned or registered or recorded in the name of a nominee, or exhibited or handled by him.

NB. In respect of Imported Dogs Please liaise with the KUSA Office to attain the complete list of registration requirements that must be met.

Version: Feb 2019

Method of Payment: <input type="checkbox"/> EFT <input type="checkbox"/> Visa <input type="checkbox"/> Master Card Credit Card Number <table style="width: 100%; border: 1px solid black; height: 20px; margin-top: 5px;"></table> <table style="width: 100%; border: 1px solid black; margin-top: 5px;"> <tr> <td style="width: 20px; text-align: center;">CVC</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table> Expiry Date Card Holder Name _____ (Please Print) Cardholder Signature _____ Amount Remitted _____ Date _____	CVC	M	M	Y	Y	BANKING DETAILS Account: Kennel Union of Southern Africa Bank: First National Bank Branch: 210 651 (Portside) Account Number 51450025635
CVC	M	M	Y	Y		