

SUPPLEMENTAL SIGNATURE FORM

ACCOMPANYING FORM TYPE

Check **only one (1)** box indicating for which registration form this signature(s) accompanies. A **separate** signature form is needed for each registration form submitted.

- | | |
|---|--|
| <input type="checkbox"/> Application To Register A Litter
<input type="checkbox"/> Express Application To Register A Litter
<input type="checkbox"/> Application To Register A Multi-Sired Litter
<input type="checkbox"/> Stud Service Certificate
<input type="checkbox"/> Transfer Of Dog
<input type="checkbox"/> Application To Revoke A Restriction
<input type="checkbox"/> Other (specify below)
<hr style="width: 80%; margin-left: 0;"/> | <input type="checkbox"/> Application To Register An Individual Dog From A Registry Accepted By The CKCSC-USA
<input type="checkbox"/> Application To Register An Affix
<input type="checkbox"/> Application To Add A Registered Affix To Registered Name Of Dog
<input type="checkbox"/> Application To Transfer An Affix
<input type="checkbox"/> Application To Obtain A Performance Event Number
<input type="checkbox"/> Supplemental Litter Registration Breeder Information
<input type="checkbox"/> Health Registry |
|---|--|

D O G	REGISTERED NAME OF DOG:		DATE OF BIRTH:	
	CKCSC (OR OTHER APPROVED) REGISTRATION #:	TRANSFER # (if applicable): T-	SEX:	COLOR:
	CHOOSE ONE OR MORE (if applicable) & GIVE #(s):			
<input type="checkbox"/> MICROCHIP:		<input type="checkbox"/> TATTOO:	<input type="checkbox"/> DNA PROFILE:	

ADDITIONAL CO-OWNER(S) OR CO-APPLICANT(S) INFORMATION

C O - O W N E R #3	NAME OF CO-OWNER OR CO-APPLICANT #3:			C O - O W N E R #4	NAME OF CO-OWNER OR CO-APPLICANT #4:		
	STREET:				STREET:		
	CITY:	STATE:	ZIP:		CITY:	STATE:	ZIP:
	PRIMARY PHONE:				PRIMARY PHONE:		
	E-MAIL ADDRESS:				E-MAIL ADDRESS:		

I have read the certifying language above where my signature would have appeared on the associated form and I so agree and certify.

SIGNATURE OF CO-OWNER OR CO-APPLICANT #3 <i>(Parent/Guardian if under 18):</i>	DATE:	SIGNATURE OF CO-OWNER OR CO-APPLICANT #4 <i>(Parent/Guardian if under 18):</i>	DATE:
--	-------	--	-------

READ BEFORE SENDING:

1. The CKCSC-USA allows a maximum of four (4) owners of any Cavalier. All owners must sign appropriate forms submitted to the CKCSC-USA Registration Office.
2. Since such forms allow space for only two (2) signatures, any form regarding a Cavalier owned by more than two (2) people must be accompanied by this completed and signed Supplemental Signature form with the box for the appropriate accompanying form checked.
3. **A separate Supplemental Signature form must accompany EACH form requiring third or fourth owners' or applicants' signatures. Every Supplemental Signature form submitted to the CKCSC-USA Registration Office must indicate which form it accompanies.**