



JACK RUSSELL TERRIER CLUB OF CANADA

Registration Application

JRTCC OFFICE USE ONLY

JRTCC Registration Number: _____

Date of Registration: _____

Signature: _____

\$15 JRTCA Registered Terrier (residents outside of Canada only)

\$25 both the sire and the dam are registered with JRTCC and/or JRTCA

\$35 the sire and/or the dam are not registered with the JRTCC and/or JRTCA

OWNER(S)

Owner(s) must be current member(s) of the Jack Russell Terrier Club of Canada. If you are not a current member, include your membership application with this application.

Is the terrier being registered as a co-ownership? (*two or more owners*) _____

If **yes**, a co-ownership contract, signed and dated by all parties must accompany this application. Both co-owners must be members.

Owner Name: Last _____ First: _____

Kennel Name: _____ JRTCC Member Number: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ email: _____

Website (if any): _____

Co-owner Name: Last: _____ First: _____

Kennel Name: _____ JRTCC Member Number: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ email: _____ Website: _____



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BREEDER

The *Breeder* is the owner of the dam of the terrier at the time of breeding;

Breeder: Last: _____ First: _____

Kennel Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Phone Number: _____ email: _____

Website: _____

Was the terrier imported from outside of North America? _____

If **yes**, a copy of the *JRTCGB/Affiliate Certificate of Registration* must accompany this application. Consult Registration Guide for supporting documentation required for below.

JRTCGB Registration Number: _____

Is the terrier Registered with the Jack Russell Terrier Club of America? _____

If **yes**, a copy of *JRTCA Certificate of Registration* must accompany this application.

Consult Registration Guide for supporting documentation required for below.

JRTCARegistration Number: _____

Is the terrier registered with any other dog club or all breed registry? _____

(please specify): _____

Call Name: _____

First Choice of Registered Name: _____

Second Choice of Registered Name: _____

The kennel name of the Breeder will be used as the prefix to the registered name. Only kennel names registered with the JRTCC, JRTCA, and/or JRTCGB will be recognized

Date of Birth (mm/dd/year): _____ **Sex of Dog**

Microchip identification number: _____

Terrier must be one year of age or older to qualify for Registration.



JACK RUSSELL TERRIER CLUB OF CANADA

Name of Sire: _____

JRTCC Registration: _____

JRTCA Registration: _____

JRTCGB Registration: _____

Name of Dam: _____ J

JRTCC Registration: _____

JRTCA Registration: _____

JRTCGB Registration: _____

Applicant Terrier Characteristics and Measurements

Coat Colour _____

If Other Coat Colour, please specify:

Coat Type: _____

Nose Color: _____

If Other Nose Colour, please specify:

Bite: _____

Height: _____

Length of Back: _____

Chest: _____

Weight: _____



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HEALTH SCREENINGS CERTIFICATE

To be completed by the owner

Testing is not required for REGISTRATION

Include Certificates for all tests completed with this application

EYES

Has the terrier had its eyes examined by a certified veterinary ophthalmologist who completed a Companion Animal Eye Registry (CAER) screening? _____

Result: _____

HEARING

Has the terrier been tested by a licensed veterinarian using Brainstem Auditory Evoked Response "BAER" screening? _____

Result _____

GENETIC TESTING

If the terrier has been tested for the following inheritable diseases, please report results.

PLL (Primary Lens Luxation) _____

SCA (Spinocerebellar Ataxia) _____

DM (Degenerative Myelopathy) _____

OTHER TESTING _____

I certify that the information in this application is correct, and understand that all supporting documentation is subject to verification by the JRTCC.

Owner Signature: _____ Date (mm/dd/year): _____

Owner Signature: _____ Date (mm/dd/year): _____