



## 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: \_\_\_\_\_



## JACK RUSSELL TERRIER CLUB OF CANADA

### 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:** \_\_\_\_\_



## JACK RUSSELL TERRIER CLUB OF CANADA

### 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): \_\_\_\_\_