



JACK RUSSELL TERRIER CLUB OF CANADA

Recording Application

JRTCC OFFICE USE ONLY

JRTCC Recording Number:

Date of Recording:

Registrar Signature

This application includes the \$15 JRTCC Recording for **Spayed/Neutered** terriers only.

Owner(s) must be current member(s) of the Jack Russell Terrier Club of Canada, add member number

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

If **yes**, a co-ownership agreement, signed and dated by all parties must accompany this application

Owner Name: Last: _____ First: _____

Kennel Name (if any) _____

Address: _____

City: _____ Province: _____ Postal Code _____

Phone: _____ Email: _____

Website (if any) _____

Co-Owner Name: Last _____ First: _____

Co-Owner Kennel Name (if any) _____

Co-Owner Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

Co-Owner JRTCC Member Number _____

Breeder (if known)

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

Breeder:

Kennel Name:

Breeder Address

City: Province Postal Code:

Phone: Email:

Breeder Website The breeder is **unknown**



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Is the terrier Recorded or Registered with the Jack Russell Terrier Club of America?
If **yes**, a copy of *JRTCA Certificate of Recording/Registration* must accompany this application
Recording/Registration Number: _____

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

Seco (please specify): _____

Call Name: _____

First Choice of Recorded Name: _____

Second Choice of Recorded 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/GB-Affiliate will be recognized

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

Microchip identification number: _____

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

Name of Sire: _____ **unknown**

Name of Dam: _____ **unknown**

Applicant Terrier Characteristics and Measurements

Coat Type

Coat Colour

Nose

Bite

Height

Body Length

Chest

Weight



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OWNER(S) HEALTH SCREENINGS CERTIFICATE

To be completed by the owner(s)
Note that testing is not required for Recording

EYES

Has the terrier had eyes examined by a certified ophthalmologist? “*CERF/CAER*”
(if yes, a copy of certificate must accompany this application)

HEARING

Has the terrier had a Brainstem Auditory Evoked Response “*BAER*” test performed by a licensed veterinarian?
(if yes, a copy of certificate must accompany this application)

GENETIC TESTING

Has the terrier been tested for the following inheritable diseases?
(if yes, a copy of certificate must accompany this application)

PLL (Primary Lens Luxation)

SCA (Spinocerebellar Ataxia)

DM (Degenerative Myelopathy)

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 _____

Owner Signature _____ Date _____