**BAJORON BOUVIERS APPLICATION TO USE STUD DOG** 

DATE

FIRST NAME	MID	DLE NAME	LAS	T NAME		NO	
						IAT	
STREET ADDRESS		CITY	1	STATE	ZIP CODE	PERSONAL INFORMATION	
	CELL	PHONE NUMBER	WORK NU			NFO	
HOME PHONE NUMBER	CELLI		WORK NU	INIDER		ALI	
						NO	
YOUR OCCUPATION		SPOUSE	OR SIGNIFICANT OTHERS C			ERS	
						2	
KENNEL NAME			KENNEL WEB ADDRES	S			
DO YOU OWN YOUR BITCH WITH A FULL AKC REGIST	TRATION? YES	NO				NO	
ARE YOU RENTING YOUR BITCH? YES NO	IF YES FROM WHO?	AND PLEASE INCLUDE THEIR C	CONTACT INFORMATION BE	LOW		MT	
DOES YOUR BITCH HAVE HEALTH TESTING COMPLE	TED? YES	NO				] <mark>8</mark>	
	ACTUAL O	ТСН	¥				
				S OF OWNER	2	ΙĒ	
	BRED			JOI OWNER	<b>`</b>	<u>א</u> ר ו	
YOU WILL NEED IF APPROVED TO SUPPLY THE SPEC	IALIST INFORMATION O	F PASSING FOR EACH TEST.	EMAIL	OF OWNER		<u>י</u> ד	
ARE YOU AWARE OF BRUCELLOSIS TESTING? (YOU WILL NEED A CLEARANCE TEST FROM YOU VE	YES NO NO TO HAVE YOUR DOG E	] BRED TO OUR STUD	PHONE NUMBER	wo	RK NUMBER		
ARE YOU PREPARED TO BRING YOUR BITCH IN TO BE	BRED TO OUR MALE?	YES NO					
WE DO NOT ACCEPT AND TAKE CARE OF YOUR BITCH WE WILL START THE PROCESS AT DAY 6, THEN GO TO DAYS YOU BREED YOU MAY DO SO. HOWEVER YOU NE YOU NEEDS. THEY FILL FAST! WE MUST CLEAR OUR C. YOU WILL ALSO HAVE AN APPROVED CREDIT CARD WI PRIOR TO THE APPOINTMENTS TO INSURE THAT IT IS F	DAY 9, 12, 15 AND 18. IF EED TO HAVE A SCHEDU ALENDAR FOR YOU AS ITH THEM PRIOR TO BRI	YOU WOULD RATHER ARRANG JLE OF BREEDINGS APPOINTME WELL. EEDING AND PAY FOR ALL YOUF	THE BRED EVENT OTH E HORMONE TESTING WITH INTS TO MAKE SURE THEY RESTING AND INSEMINATI	ER DAY FOR I OUR VET TO HAVE ROOM ONS	4 TO 5 BREEDIN O DETERMINE TH TO ACCOMMOD	BREEDING	
IF YOU HAVE HAD BOUVIERS IN THE PAS BREEDER, THE SIRE AND DAM, AND THE CAUSE OF	DEATH OR EXTREME IL					ĒR	
ONE	<u> </u>	TOU ARE ACCUSTOMED TO.					
FORMAL AKC NAME OF DOG	MOTHER OF DOG	FATHER OF D	OG	BIRTHDATE	OF DOG		
						⊒≝	
ILLNESS DOG HAD 1	2	CAUSE OF DEATH / AGE AT D	EATH / NAME OF BREEDER	/ KENNEL N	AME AS WELL		
OWT .						LIN	
은 FORMALAKC NAME OF DOG	MOTHER OF DOG	FATHER OF D	OG	BIRTHDATE	OF DOG	<u>۲</u>	
FORMAL AKC NAME OF DOG						٦Ë	
ILLNESS DOG HAD 1	2	CAUSE OF DEATH / AGE AT D	EATH / NAME OF BREEDER				
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Image: Second state FORMAL AKC NAME OF DOG   Image: Second state Image: Second state	MOTHER OF DOG	FATHER OF D	OG	BIRTHDATE	OF DOG	_	
ILLNESS DOG HAD 1	2	CAUSE OF DEATH / AGE AT I	DEATH / NAME OF BREEDE	R / KENNEL N	NAME AS WELL		
WE HOLD A VAST DATABASE OF ILLNESSES IN THE B YOUR INFORMATION IS PRIVATE AND CONFIDENTIAL		IATION WILL HELP US TO FURTH	ER OUR INVESTIGATION O	F ISSUES WI	THIN THE BREED	1	
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BY ENTERING IN TO THIS APPLICATION AGREEMENT, BUYER AGREES THAT THEY HAVE NO INTEREST IN THE OWNERSHIP OR OPERATION OF BAJORON BOUVIERS WHAT SO EVER, INCLUDING ASSETS AND LIABILITIES OF BAJORON BOUVIERS



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	FIRST NAME	MIDDLE NAME		LAST NAME	
	STREET ADDRESS		CITY_	STATE	ZIP CODE
	HOME PHONE NUMBER	CELL PHONE NUMBE	R	WORK NUMBER	
	EMAIL ADDRESS (PLEASE PF	RINT NEATLY!)	WEBSIT	E ADDRESS (PLEASE PRINT N	EATLY!)
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	STREET ADDRESS		CITY	STATE	L ZIP CODE
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	Home Priore Rombert				
	EMAIL ADDRESS (PLEASE PR	INT NEATLY!)	WEBSITI	E ADDRESS (PLEASE PRINT N	EATLY!)
HEN BEI EPOSITS EPOSITS AJORON	ACCOMPANY AND HANDLE YOUR DOG FOR EACH AND ING INSEMINATED. <u>5 ARE NON REFUNDABLE</u> AND ARE BASED ON TIME TH <i>I</i> 5 ARE NOT REFUNDABLE UNDER ANY CIRCUMSTANCES 8 BOUVIERS ANY AND ALL LITIGATION FEES THAT WE EI THESE TERMS , NO CONTEST.	AT WE SPEND WITH YOU, MONEY WE USE TO ST . WITH THIS UNDERSTANDING ANY LITIGATION Y	ART THE PROCESS. YOU DECIDE TO UTILIZE YOU	AGREE TO FUND (IN FULL) FOR BO	TH YOURSELF AND
E LOOK	FORWARD TO SUPPLYING YOU WITH AN EXCELLENT B	REEDIGN EXPERIENCE THAT BRINGS HEALTHY	HAPPY PUPPIES IN TO YOUR	HOME TO RAISE AND SELL.	
		LL NAME	]		
	R BITCHES AKC NAME CAI	-			
	R BITCHES AKC NAME CAI		]		
			]		
YOUR AGE E		IAY HAVE	]		
YOUR AGE I	DOB AKC NUMBER				
YOUR AGE I AKC C	DOB AKC NUMBER CHAMPIONSHIPS OR TITLES THAT YOUR DOG N YOUR APPLICATION YOU NEED TO PROVIDE A		] ] E VIEW OF YOUR BITCH		
YOUR AGE I AKC C	DOB AKC NUMBER		] E VIEW OF YOUR BITCH		
YOUR AGE I AKC C WITH Y YOU A	DOB AKC NUMBER CHAMPIONSHIPS OR TITLES THAT YOUR DOG N YOUR APPLICATION YOU NEED TO PROVIDE A		] E VIEW OF YOUR BITCH TELEPHONE	EN	IAIL
YOUR	DOB AKC NUMBER CHAMPIONSHIPS OR TITLES THAT YOUR DOG N YOUR APPLICATION YOU NEED TO PROVIDE A ALSO NEED TO INCLUDE:	FRONT, BACK, RIGHT SIDE AND LEFT SID		EN	//AIL



BAJORON WILL REQUIRE A CONTRACT BETWEEN THE TWO PARTIES PRIOR TO BREEDING THIS WILL ADDRESS THE AMOUNT OF PUPPIES THAT ARE VIEWED AS A LITTER FOR THE PROCESS TO BE SATISFIED. THE COST AND CHARGES, THE VISITS AND ALL THINGS FINANCIAL. THIS CONTRACT WILL LET EACH PARTY KNOW THEIR RESPONSIBILITIES AND THE SPECIFICS FOR REFERENCE AND CLARIFICATION PURPOSES

ATION	EMAIL IS A SUPER WAY T	SPEAKING TO YOU. WE MAY CALL A O COMMUNICATE AND FOR THE MC IME. YOU MAY FILL OUT AND SCAN AIL MAIL IT TO US.	DST PART WE PREF THE APPLICATION BAJORON B	ER THIS UNLESS WE ARE TRY AND RETURN VIA EMAIL BY po COUVIER DES FLANDRES APPLICATION	ING TO REALLY GET A FEEL FO	R WHO YOU ARE	
0	DO YOU HAVE ANY QUES	STIONS THAT NEED ANSWERING?					
PPL							
	YOUR SIGNATURE INDI	CATES YOU UNDERSTAND ALL OUR	POLICIES AND WIL	LABIDE BY THEM AND THE IN	FORMATION SET FORTH AND	THE APPLICATION FOR STUD	F
S	SIGNED YOUR NAME:			DATE:			
С Ш	PRINTED YOUR NAME:			]			
	SIGNED OUR NAME:			]			
	PRINTED OUR NAME:	Bajorons Bo	ouviers				SIGNATIBES
ORON BO		RIFEDER OF PHETIT	Тне неар	RT OF THE AKC			
BAJO		TRO					

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