



Litter Registration Application

Use this for new litter registration. Download document, print, fill out, and mail it along with payment (made payable to Karon Williams) to:

The Bully Cup Association
11066 Sleepy Hollow RD
Conroe TX 77385

Litter Information: Breed: _____ Today's Date: ____/____/20____
Date of Breeding: ____/____/20____ Litter Date of Birth: ____/____/20____
Number to be Registered: Total # of Puppies: _____ # of Males: _____ # of Females: _____

SIRE (Male) Information: To be completed and signed by Owner/CoOwner of SIRE on date of breeding

Registered Name of SIRE (male): _____

BCA #: _____

Owner Full Name: _____ Contact #: ____ (____) _____

Co-Owner Full Name: _____ Contact #: ____ (____) _____

I certify that the identified DAM (female) was bred to the identified SIRE (male) and that the SIRE (male) was Owned/Co-Owned by me (us) on the date of the breeding.

Owner's Signature of SIRE (male) _____/____/20____

CoOwner's Signature of SIRE (male) _____/____/20____

DAM (Female) Information: To be completed and signed by Owner/CoOwner of DAM on litter date of birth Registered Name of DAM (female): _____

BCA #: _____

I (we) *certify* that I (we) am (are) the owners of the identified DAM (female) on the date of birth of the litter, that this DAM (female) was not mated to any other dog during her season; that all of the representation on this application are true; and I (we) agree to comply with Bully Cp Association (BCA) rules and regulations.

Owner's Signature of DAM (female) X _____/____/20____

CoOwner's Signature of DAM (female) X _____/____/20____

Mailing Information: BCA will send the litter kit (one registration application for each puppy) to the address below.

Full Name: _____

Email Address: _____@_____

Primary Contact #: (____) _____ Secondary Contact #: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Fees: Registration of litter up to 6 puppies \$20.00, additional puppies \$2.00 each