



**AKC
Canine
PartnersSM**

AKC Canine PartnersSM Listing Application

Use this form when submitting a title application (CGC, CGCA, CGCU, Therapy)

Use this application to list a mixed-breed dog or dog ineligible for AKC registration/recording. Complete all sections and return form to:

AKC Canine Partners, PO Box 900075, Raleigh, NC 27675-9075. Information you omit will delay processing. Listing is not guaranteed. Fees are nonrefundable and subject to change without notice.

For questions, contact: cgcinfo@akc.org 919-816-3637

Please complete all required fields

Dog Name – Official AKC Listed Dog Name. Print one capital letter per box. Skip a box between words. Names are subject to AKC approval.

Extended Dog Name – Add an additional fee of \$10 in the payment section if your dog name extends to the section below, not to exceed 50 spaces.

Dog's Call Name: _____

Please select the color/marking that most closely describes your dog. Select only one color and one marking.

Sex: Male Female

Date of Birth: - -
Month Day Year

Color:

- Black
- Blue
- Brown
- Yellow
- Gray
- Orange
- Red
- Tan
- White
- Tri-color

Markings (if applicable):

- Brindle
- Merle
- Parti-color
- Speckled
- Spotted
- Solid

(Enter date of birth if known. Otherwise select approximate date.)

Microchip Number: _____

Dog type (optional): Breed one Breed two or All American Dog (see page 2 for instructions)

Owner Information

Owner's First Name

Owner's Last Name

Date Acquired:

Enter date acquired if known. Otherwise select approximate date.

 - -
Month Day Year

Mailing Address

City

State

 -

ZIP code + 4

 - -

Telephone Number

Email Address*

Co-Owner information if applicable. Download the Additional Signature Form to record more than two owners at www.akc.org/pdfs/ADSIG1.pdf.

Co-Owner's First Name

Co-Owner's Last Name

Read and Sign Below

I (WE) APPLY TO THE AMERICAN KENNEL CLUB TO HAVE AN AKC CANINE PARTNERS OFFICIAL DECREE FOR THIS DOG ISSUED IN MY (OUR) NAME(S). I (WE) CERTIFY THAT ALL THE INFORMATION APPEARING ON THIS APPLICATION IS TRUE AND CORRECT. I (WE) CERTIFY THAT THIS DOG HAS BEEN SPAYED/NEUTERED OR THAT IT, BEING A PUPPY, WILL BE SPAYED/NEUTERED AT SUCH TIME AS RECOMMENDED BY MY VETERINARIAN AND THAT I (WE) WILL SUBMIT WRITTEN VERIFICATION IF REQUESTED BY THE AMERICAN KENNEL CLUB. I (WE) CERTIFY THAT THIS DOG IS NOT A WOLF OR THE IMMEDIATE PROGENY OF A WOLF/CANINE CROSSBREEDING. I (WE) UNDERSTAND THAT IF THIS DOG IS IDENTIFIED AS A WOLF OR THE IMMEDIATE PROGENY OF A WOLF-DOG CROSSBREEDING, IN THE PAST OR IN THE FUTURE, THE AKC WILL CANCEL THE DOG'S AKC CANINE PARTNERS OFFICIAL DECREE. ADDITIONALLY, I (WE) UNDERSTAND THAT FALSELY CERTIFYING THE ABOVE INFORMATION MAY SUBJECT ME (US) TO DISCIPLINARY ACTION. I (WE) AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS OF THE AMERICAN KENNEL CLUB. I (WE) CERTIFY THAT IF THE OWNER OF THIS DOG IS A MINOR THAT THE APPLICATION WILL BE SUBMITTED WITH THE PARENTAL/GUARDIAN CERTIFICATION FORM. I (WE) AGREE THAT ANY CAUSE OF ACTION, CONTROVERSY OR CLAIM ARISING OUT OF OR RELATED TO THIS LISTING OR AS TO THE CONSTRUCTION, INTERPRETATION AND EFFECT OF THIS AGREEMENT SHALL BE SETTLED BY ARBITRATION PURSUANT TO THE APPLICABLE RULES OF THE AMERICAN ARBITRATION ASSOCIATION. HOWEVER, PRIOR TO ARBITRATION ALL APPLICABLE AMERICAN KENNEL CLUB BYLAWS, RULES, REGULATIONS AND PROCEDURES MUST FIRST BE FOLLOWED AS SET FORTH IN THE AMERICAN KENNEL CLUB CHARTER AND BYLAWS, RULES, REGULATIONS, PUBLISHED POLICIES AND GUIDELINES.

See instructions for listing of dogs owned by minors on the back of this form.

Owner's Signature (Required) _____

Co-Owner's Signature (Required) _____

Payment Information

AKC Canine Partners Listing _____ \$ **19**

The \$19 fee applies only if you are submitting this with a title application (CGC, CGCA, CGCU, or Therapy Dog).
Extended Dog Name – Enter a fee of \$10 only if your dog's name exceeds 36 spaces. _____ \$

Payment Method: VISA AMEX MasterCard Discover Check or money order made payable to: **Total Fee \$** _____
The American Kennel Club.

Account Number (do not include dashes)

 -

Expiration Date

Printed Name of Cardholder _____

*By supplying your email address and/or telephone number, you consent to receive communications from AKC and third parties.