

Miniature Australian Shepherd Club of America, Inc.

Attention: MASCA Treasurer
PO Box 248 Roanoke, IN. 46783

REGISTRAR@mascaonline.com <http://www.mascaonline.com/>



Certified Pedigree Request Form

CERTIFIED Pedigree fee of \$15.00 (non members \$35.00) and three generation pedigree including dogs registration numbers, must accompany certified pedigree request form. *If you wish to use PayPal, contact treasurer@mascaonline.com*

Name of Owner or Breeder or Person making the request _____

Address _____

City, _____ State _____ Zip Code _____

Request a search of the MASCA pedigree files for information on the pedigree of:

Registered name of dog _____ Registration number _____

Signature of Owner _____ Date _____

Signature of Co-Owner _____ Date _____

Please provide as much information as possible on dogs.

Pedigree Form

<p>Sire Name _____ Height _____ Reg. # _____ Registry _____ Color _____ Trim _____ Eye Color: Left _____ Right _____ Date of Birth _____</p>	<p>Sire Name _____ Height _____ Reg. # _____ Registry _____ Color _____ Trim _____ Eye Color: Left _____ Right _____ Date of Birth _____</p>
<p>Sire Name _____ Height _____ Reg. # _____ Registry _____ Color _____ Trim _____ Eye Color: Left _____ Right _____ Date of Birth _____</p>	<p>Dam Name _____ Height _____ Reg. # _____ Registry _____ Color _____ Trim _____ Eye Color: Left _____ Right _____</p>
<p>Dam Name _____ Height _____ Reg. # _____ Registry _____ Color _____ Trim _____ Eye Color: Left _____ Right _____ Date of Birth _____</p>	<p>Sire Name _____ Height _____ Reg. # _____ Registry _____ Color _____ Trim _____ Eye Color: Left _____ Right _____ Date of Birth _____</p>
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