



AMERICAN CANINE ASSOCIATION, INC.

P.O. Box 121107, Clermont, FL 34711

Phone: 1- 800 - 651-8332 Fax 1-800-422-1864

“AMERICA’S LARGEST VETERINARY HEALTH TRACKING CANINE REGISTRY”

Dual Registration Request Form

*For the registration of canines having lineage that is not registered
with American Canine Association*

Instructions:

To ensure complete accuracy, please attach to this form a copy of your current registration certificate or registration application. If the dog is not AKC please include at least 3 generations pedigree. The information contained will be verified and transferred to your **American Canine Association** registration Certificate.

You may also include information on tattoos or identifying marks to be printed on your new registration certificate.

BENEFITS OF REGISTRATION:

- ✓ FRIENDLY, FAST SERVICE
- ✓ TOLL FREE 1-800 NUMBERS
- ✓ GOODWILL COMMUNITY SERVICE PROGRAMS
- ✓ LIFETIME LOST AND FOUND SERVICE PROGRAMS
- ✓ NO PENALTY, LATE FEES OR TIME LIMITS TO REGISTER
- ✓ MICROCHIP AND TATTOO REGISTRATION IS FREE
- ✓ SPANISH SPEAKING CUSTOMER SERVICE REPRESENTATIVES
- ✓ BEHAVIOR QUESTION? ASK-A-TRAINER!
- ✓ HEALTH QUESTIONS? ASK-A-VET!
- ✓ FULL PEDIGREE SERVICE
- ✓ LIFETIME GENETIC HEALTH TRACKING
- ✓ ORGANIZED DOG SHOWS
- ✓ LEGISLATIVE PROTECTION

Canine Owner Information

Please print clearly. Illegible writing will delay your application process.

Registration Fee \$17.00

Date of Ownership: ___/___/___

Name: _____

Owner's Phone: (____) _____

Address: _____

Co-owner (If Any)

City: _____ State: ___ Zip: _____

Name: _____

New Owner's Signature: _____

Co-Owner's Signature: _____

Check or money orders should be made payable to:



American Canine Association
P.O. Box 121107
Clermont, FL 34711

Card #: _____

Expiration Date: ___/___/___ Print Cardholder's name: _____

Signature of Card Holder: _____

Today's Date ___/___/___