



CTS Registration Application

Use this form to apply to record a terrier with the CONNEMARA TERRIER SOCIETY (CTS). Information you omit may delay processing.

Terrier Information

Terrier's Microchip Number: _____

Sex: MALE FEMALE Spayed / Neutered? YES NO

Terrier's Name: _____

(40 spaces only
and *must include* kennel prefix)

Date of Birth: ____ - ____ - ____ Coat: SMOOTH BROKEN ROUGH

Color / Markings: _____

Sire's Name: _____

Dam's Name: _____

Owner Information

Owner's Name:

Mailing Address:

Telephone Number:

Email Address:

Breeder Information

Date Owner Acquired Dog:

Breeders name or kennel name:

I apply to the CTS to record this dog as Foundation Stock and certify that I acquired this dog on date stated and from documented breeder. I certify that all the information appearing on this application is true and correct. I agree to abide by all rules and regulations of CTS. Mail to: CTS Registry; 2 Sawmill Ln., New Gloucester, ME 04260



Owner's Signature & Date:
