TRANSFER OF A REGISTERED KENNEL NAME

When complete, this form should be mailed, faxed or emailed to the American Kennel Club, along with the required transfer fee of $150.00. Fees are nonrefundable and subject to change without notice.

Please read before completing this form:

To affect the transfer of a Registered Kennel Name, you must fully complete and sign this form. All recorded owners of the Registered Kennel Name must sign the form. In the event that an estate represents the holder(s) of the Registered Kennel Name, a copy of the testamentary authorizing the signatory as executor must be submitted with the form. This form must be fully completed by the transferee.

Note: The submission of this form does not guarantee the transfer of a Registered Kennel Name. When a kennel name is registered, the American Kennel Club will undertake reasonable care in protecting such name for the use of the individual(s) to whom it has been granted.

This is to certify that I/we hereby make application to transfer the American Kennel Club Registered Kennel Name

Registered Kennel Name:

To the Ownership of:

Mailing Address:

City: State: Zip Code:

Home Phone: Email Address:

Effective Date: (mm/dd/yy)

Co-owner (if applicable)
First Name: Middle Initial: Last Name:

Mailing Address:

City: State: Zip Code:

Signature(s) of Registered Kennel Name owner(s), Executor, or Administrator

ANTRNS (7/21)
This section is required to transfer the Kennel Name into new owner(s) name

New Registered Kennel Name owner(s) must meet breeding and event participation requirements.

Complete worksheet below listing all dog(s) owned or co-owned by you that are currently or recently participation in AKC events. This must be a documented involvement and dog(s) records will be verified with event records. For additional space attach pages as necessary.

<table>
<thead>
<tr>
<th>AKC Registration Number</th>
<th>AKC Registered Name Of Dog</th>
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Signature(s) of new Registered Kennel Name owner(s)

III. Payment Information

Fee is $150 per breed renewable for 5-year periods. Payment may be made by check, money order or credit card. If paying by credit card, please complete the section below:

Charge my: □ AmEx □ Discover □ MasterCard □ Visa

Account Number: __________________________ Expiration Date: _____ / _______

Signature: __________________________

Printed Name: __________________________

I (We) hereby certify:
That the information given on this form is true and accurate to the best of my (our) knowledge.

Applicant’s signature __________________________

ANTRNS (7/21)