

AKC CANINE PARTNERS SPECIAL LISTING APPLICATION



This application is used to apply for a Canine Partners Number for non AKC registered dogs when ordering a Canine Good Citizen, Trick Dog, or Therapy Dog title of record which becomes part of a dog's official name.

BOTH your title application and Canine Partners Application **MUST** be sent in together to honor the \$19 listing fee.

You are applying for a Canine Partners Number because your dog recently met the requirements for a:

- CGC Title Trick Dog Title Therapy Dog Title

Official Dog Name Desired: _____

Microchip#: (not required) _____

Date of Birth: ____/____/____ Male Female Date Joined Family: ____/____/____

You can fill in up to two breeds if known: Breed 1: _____ Breed 2: _____

Color:

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

Markings: (if applicable)

- Brindle Speckled Merle
 Spotted Parti-color Solid

OWNER INFORMATION

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.

Owner's Name: _____

Address: _____

City/State/Zip: _____

Tel 1: _____ Tel 2: _____

Email: _____ Signature: _____

PAYMENT INFORMATION – \$19 Application Fee

Check off type of payment. Checks or Money Orders should be made payable to: The American Kennel Club

- VISA MC AMEX DISC Check # _____ Money Order

Account #: _____ Expiration Date: _____

Cardholder's Name: _____ Cardholder's Tel: _____

**Please send to: AKC Canine Good Citizen Dept.
PO Box 900064
Raleigh, NC 27675-9064**

For Inquiries please contact: AKC CGC/THD Department – Tel: 919-816-3637 or Email: cgcinfo@akc.org