EST. 1957

AUSTRALIAN SHEPHERD CLUB OF AMERICA®

6091 E. State Hwy 21
Bryan, TX 77808-9652
www.ASCA.org

(979) 778-1082
FAX (979) 778-1898
Registrar@ASCA.org

REGISTERED NAME CHANGE REQUEST

- **NO WHITEOUTS OR LINEOUTS WILL BE ACCEPTED WITHOUT LETTER OF EXPLANATION FROM THE BREEDER.**
- **NO PHOTOCOPIES OR FACSIMILES OF THIS FORM WILL BE ACCEPTED. FORM MUST BE AN ORIGINAL COPY.**

Registered Name Change Fees		
Please make sure membership is current.	Full Members Pay	Service Members Pay
	$50.00	$100.00

OFFICE USE ONLY
PAID#_____
DATE _____

A dog's registered name can be changed **one time** if the following criteria are met:

- The dog must **NOT** have earned any points in Conformation or earned a qualifying or passing score in any of the other ASCA® programs.
- The dog may **NOT** have produced offspring.
- The Breeder/ Litter Owner/ Kennel Owner must give permission for the name change.

Dog's Registration Number: _____

Dog's Current Registered Name: _____

Requested New Name: **(Limit to 30 characters, including spaces)**

Breeder/ Litter Owner Signature: _____ *Date:*_____

*Breeder/ Litter Co-Owner Signature:*_____ *Date:*_____

Kennel Owner (s) Signature: _____ *Date:*_____

Kennel Co-Owner Signature: _____ *Date:*_____

(Must be signed if a Kennel name is added or deleted)

Owner(s) Signature: _____ *Date:* _____

Co-Owner Signature; _____ *Date:* _____

★PLEASE USE THIS FORM TO PAY WITH A CREDIT CARD★

☐ VISA ☐ MasterCard

#: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ **EXP:** _ _ / _ _

CARD HOLDER: _____
(PLEASE PRINT)

CARD HOLDER'S SIGNATURE: _____