

For full registration, mail completed form with payment to EIDAP Inc.

14 Chippewa Road, Sherwood Park, Alberta, Canada T8A 3Y1

ID Information:

Microchip # _____
External Tag Number _____
Implant Date _____

Contact Information:

Last Name _____
First Name _____
Address _____
City _____ Prov. _____
Country _____ Postal Code _____

Phone: _____
Home () _____ Bus. () _____
Cell () _____ Fax () _____
E-Mail _____

Animal Information:

Animal's Name _____
Species _____
Breed _____
Sex: Male _____ Female _____ Neutered: Yes _____ No _____
Colour _____
Registration Number _____
Birth Date _____
Medical Alert: _____
Condition _____

Veterinarian Information:

Clinic/Hospital _____
Address _____
City _____ Prov. _____
Country _____ Postal Code _____

Phone () _____
Fax () _____
E-Mail _____
Website _____

Other Contact:

Name _____
Phone: Home () _____ Bus. () _____
Cell () _____ Fax () _____

Additional Information:

Breeder Name and Address _____

Picture Enclosed (\$6.00 each): Yes _____ No _____

Full Registration:	\$ 11.00
Picture	\$ _____
TOTAL PAYMENT ENCLOSED	\$ _____
<small>Tax Included GST #886424050</small>	
<input type="checkbox"/> Cheque (Make cheque payable to EIDAP Inc.)	
<input type="checkbox"/> Visa <input type="checkbox"/> M/C	
Credit Card # _____	
Expiry Date _____	Signature _____

PLEASE PRINT LEGIBLY. HAVE YOU INCLUDED FULL PAYMENT?