

# Boykin Spaniel Society Application for Litter Registration

P.O. Box 2047 Camden, South Carolina 29020

803-425-1032

[boykinss@boykinspaniel.org](mailto:boykinss@boykinspaniel.org)

[www.boykinspaniel.org](http://www.boykinspaniel.org)

Signatory parties to Section A. & B. confirm that by signing below they (owners) of Dam and Sire agree to comply with all aspects of the Constitution and By-Laws of the Boykin Spaniel Society and agree to abide by the published "Code of Ethics" and by failing to do so understand that membership in the Boykin Spaniel Society may be terminated, along with all rights and privileges of membership, including, among other things the right to register future dogs and litters. **You must be a current member of the Boykin Spaniel Society to register a litter.** **Both Sire and Dam owners must be current members of the Boykin Spaniel Society to register a litter.** (Please print all information except where signature is required)

**Please allow 5 to 10 business days to receive your paperwork in the mail. If incorrect information is found on the litter registration application this timeframe will be extended based on corrections and resubmission of the original. Please retain a copy of completed litter application for your records.**

## SECTION A: DAM/SIRE/OWNERS INFORMATION -

### DAM'S INFORMATION: (Completed by Owner of Dam at time of mating)

DAM NAME: _____		BSS REG. NUMBER:	
DAM Microchip #			
<b>Mark (X) ALL BSS Recommend Health Clearances Performed:</b> <input type="checkbox"/> *OFA Hip Evaluation <input type="checkbox"/> *Degenerative Myelopathy DNA <input type="checkbox"/> *OFA Heart Certification <input type="checkbox"/> *Collie Eye Anomaly DNA <input type="checkbox"/> *OFA Eye Certification <input type="checkbox"/> *Exercise Induced Collapse DNA <input type="checkbox"/> *OFA Patellar (knee) Luxation <input type="checkbox"/> **NO TESTING DONE		*These health examinations that <b>have or have not</b> been performed must be disclosed/documentated in writing to the puppy buyer and included in the contract of sale or lease **If no such health examinations have been performed then this fact must be disclosed/documentated in writing to the puppy buyer and included in the contract of sale or lease	
Dam Registered Owner/ Printed Name: <b>Must be current BSS member</b>		Phone:	
Owner Address: <b>! *check if new address</b>		Email:	
Dam Owner Signature: _____ <b>Gold Silver</b>		Date:	

### SIRE'S INFORMATION: (Completed by Owner of Sire at time of mating)

SIRE NAME _____		BSS REG. NUMBER:	
SIRE Microchip #			
<b>Mark (X) ALL BSS Recommend Health Clearances Performed:</b> <input type="checkbox"/> *OFA Hip Evaluation <input type="checkbox"/> *Degenerative Myelopathy DNA <input type="checkbox"/> *OFA Heart Certification <input type="checkbox"/> *Collie Eye Anomaly DNA <input type="checkbox"/> *OFA Eye Certification <input type="checkbox"/> *Exercise Induced Collapse DNA <input type="checkbox"/> *OFA Patellar (knee) Luxation <input type="checkbox"/> **NO TESTING DONE		*These health examinations that <b>have or have not</b> been performed must be disclosed/documentated in writing to the puppy buyer and included in the contract of sale or lease **If no such health examinations have been performed then this fact must be disclosed/documentated in writing to the puppy buyer and included in the contract of sale or lease	
Sire Registered Owner/ Printed Name: <b>Must be current BSS member</b>		Phone:	
Owner Address: <b>! *check if new address</b>		Email:	
Sire Owner Signature: _____ <b>Gold Silver</b>		Date:	

## SECTION B: BREEDER IF OTHER THAN OWNER(S) OF THE SIRE OR DAM

Breeder Name:	
Breeder Phone #:	Breeder email:
Breeder Address:	
Dam Owner Signature:	Date:

## SECTION C: FORM OF INSEMINATION

**Mark (X) form of insemination of the Dam:**  Natural Or  \*Artificial:  fresh or  frozen or  extended (see Sec. F & G page 4)

I/We certify that the bitch listed as dam in Section A was bred to the dog listed as sire in Section A on: \_\_\_\_\_  
Month Day Year

Signature of Owner of Dam \_\_\_\_\_ Signature of Owner of Sire \_\_\_\_\_

**\*IMPORTANT: If insemination was artificial the information requested below must be provided by the owner(s) of the fresh, extended or frozen semen AND Section F or G must be completed and certified by the Veterinarian performing/supervising the artificial insemination procedure if fresh, extended or frozen semen is used.**

**SECTION D: FEES/TIMELINES FOR REGISTERING A LITTER**

Actual owner(s) of dam at the time of whelping the litter fills in and signs this section and sends this form US Mail with appropriate fee to:  
The Boykin Spaniel Society, P.O. Box 2047, Camden, SC 29020.

The fee for registering a litter is \$60.00 if registered before the puppies are eight (8) weeks old. After eight (8) weeks of age the fee is \$90.00 and after six (6) months is \$190.00.

THERE WILL BE NO LITTERS REGISTERED TO NON-MEMBERS OF THE BOYKIN SPANIEL SOCIETY. NO LITTER WILL BE REGISTERED AFTER THE PUPPIES ARE ONE (1) YEAR OLD.

Date Whelped (birth) Month	Day	Year
AGE OF LITTER AT REGISTRATION		FEE
IF LITTER IS 4 WEEKS & BEFORE 8 WEEKS OLD ENTER \$60.00		
IF LITTER IS 8 WEEKS & BEFORE 6 MONTHS OLD ENTER \$90.00		
IF LITTER IS 6 MONTHS TO 1 YEAR OLD ENTER \$190.00		
<b>FEE ENCLOSED WITH APPLICATION</b>		
<p>I/We certify that I was/we were the owner of the bitch named in Section A form on the date this litter was whelped and that the number of puppies now living are (Number) _____ males and _____ females and that all information presented on this application for litter registration is to the best of my/our knowledge and belief true and correct.</p> <p>Litter Owner Signature: _____ Date _____</p>		

**INSTRUCTIONS/GUIDELINES FOR DESCRIBING PUPPIES IN SECTION E**

**Read this section BEFORE filling out the Litter Description (SECTION E) and use it as a reference as you fill out the form.**

1. MARK (X) THE SEX OF EACH PUPPY ON THE FORM. **LIST MALE PUPPIES FIRST.**
2. MARK (X) (LIVING/STILLBORN/DEAD) ON THE FORM AS APPROPRIATE.
  - INCLUDE ALL PUPPIES, LIVING OR DEAD, ON THE FORM. THIS INCLUDES PUPS NOT ELIGIBLE FOR REGISTRATION.
3. MARK (X) THE COLOR OF THE PUP ON THE FORM.
4. FILL IN THE DATE EACH PUP WAS DESCRIBED.
  - LITTERS ARE TO BE DESCRIBED NO SOONER THAN 28 DAYS, BUT NO LATER THAN 42 DAYS, AND IN CASE OF STILLBORN PUPS, AT BIRTH.
  - LITTERS NOT DESCRIBED WITHIN THIS TIME FRAME WILL NOT BE REGISTERED.
  - The fee for registering a litter is \$60.00 if registered before the puppies are eight (8) weeks old. After eight (8) weeks of age the fee is \$90.00 and after six (6) months is \$190.00. **There will be no litters registered to non-members of the Boykin Spaniel Society.** No litter will be registered after the puppies are one (1) year old. -

5. INDICATE WHETHER THE PUP HAS ANY WHITE HAIR ANYWHERE ON THE BODY BY CIRCLING (Y) OR (N) ON THE FORM.

- ANY AMOUNT OF WHITE ON PUP MUST BE ACCOMPANIED BY A CHEST MEASUREMENT.
- NO DOG BORN WITH COLORS/MARKINGS OTHER THAN THOSE LISTED BELOW MAY BE REGISTERED:

The color of the Boykin Spaniel is solid rich liver or dark chocolate. The Boykin Spaniel Society has a measurable formula that sets limits relative to the permissible amount of white on the pup's chest.

- A. The width of a white marking on the chest may not be more than 30 percent of the width of the chest measured from the medial aspect or inside of the forelegs (arm pit to arm pit across front of chest). The length of the white marking on the chest may not be more than 60 percent of the width of the chest. The limitations apply regardless of whether the white markings are oriented horizontally or vertically.
  - B. White markings on the throat, stomach, foot, toe or any other part of the dog's body, other than the chest at birth, will disqualify that individual puppy from registration.
6. IF PUP HAS ANY WHITE ON THE CHEST MEASURE THE PUP'S CHEST WIDTH BETWEEN THE ARMPITS AND ENTER THE MEASUREMENT ON THE FORM.
  7. IF PUP HAS ANY WHITE ON THE BODY MEASURE THE LENGTH AND WIDTH OF THE MARKING AT ITS WIDEST POINTS AND ENTER YOUR MEASUREMENT ON THE FORM.
  8. ENTER ON THE FORM THE LOCATION ON THE BODY OF ANY WHITE MARKINGS.
  9. SIGN THE BOTTOM OF THE FORM VERIFYING THE DESCRIPTION OF THE LITTER IS ACCURATE.

**SECTION E: LITTER DESCRIPTION/INFORMATION**

Litters may be randomly inspected at any time by a member(s) of the Registry Committee or its representative or designee. The refusal by any breeder to allow inspection of a litter by any member, representative or designee of the Registry Committee will result in said litter being denied registration. The refusal to allow inspection of a litter after being notified by the Boykin Spaniel Society of the intent to inspect a litter may also result in the termination of membership in the Boykin Spaniel Society and all rights and privileges associated with such membership. LIST MALE PUPS FIRST THEN ALL FEMALES NEXT. LIST and DESCRIBE ALL PUPS INCLUDING STILLBORN/DEAD/NON-REGISTERABLE PUPS

QUESTIONS? CALL BSS at 803-425-1032

Pup	SEX Mark Males First Mark (X)	LIVING / STILLBORN / DEAD Mark (X)	Pup Color: Rich Liver/ Dark Chocolate Mark (X)	Date Described Must be described between 28 and 42 days (4 to 6 weeks) after whelping date month/day/year	Any White On Pup Mark (X)	Pups with White: Location of White on Body	Pups With White: Chest Measurement Armpit to Armpit	Pups With White: Actual Measurement of White <i>Width x Length</i> (in.)
1	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> LIVING <input type="checkbox"/> STILLBORN <input type="checkbox"/> DEAD	<input type="checkbox"/> R. LIVER <input type="checkbox"/> DK. CHOC.	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N		inches	X
2	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> LIVING <input type="checkbox"/> STILLBORN <input type="checkbox"/> DEAD	<input type="checkbox"/> R. LIVER <input type="checkbox"/> DK. CHOC.	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N		inches	X
3	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> LIVING <input type="checkbox"/> STILLBORN <input type="checkbox"/> DEAD	<input type="checkbox"/> R. LIVER <input type="checkbox"/> DK. CHOC.	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N		Inches	X
4	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> LIVING <input type="checkbox"/> STILLBORN <input type="checkbox"/> DEAD	<input type="checkbox"/> R. LIVER <input type="checkbox"/> DK. CHOC.	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N		inches	X
5	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> LIVING <input type="checkbox"/> STILLBORN <input type="checkbox"/> DEAD	<input type="checkbox"/> R. LIVER <input type="checkbox"/> DK. CHOC.	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N		inches	X
6	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> LIVING <input type="checkbox"/> STILLBORN <input type="checkbox"/> DEAD	<input type="checkbox"/> R. LIVER <input type="checkbox"/> DK. CHOC.	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N		inches	X
7	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> LIVING <input type="checkbox"/> STILLBORN <input type="checkbox"/> DEAD	<input type="checkbox"/> R. LIVER <input type="checkbox"/> DK. CHOC.	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N		inches	X
8	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> LIVING <input type="checkbox"/> STILLBORN <input type="checkbox"/> DEAD	<input type="checkbox"/> R. LIVER <input type="checkbox"/> DK. CHOC.	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N		inches	X
9	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> LIVING <input type="checkbox"/> STILLBORN <input type="checkbox"/> DEAD	<input type="checkbox"/> R. LIVER <input type="checkbox"/> DK. CHOC.	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N		inches	X
10	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> LIVING <input type="checkbox"/> STILLBORN <input type="checkbox"/> DEAD	<input type="checkbox"/> R. LIVER <input type="checkbox"/> DK. CHOC.	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N		inches	X
11	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> LIVING <input type="checkbox"/> STILLBORN <input type="checkbox"/> DEAD	<input type="checkbox"/> R. LIVER <input type="checkbox"/> DK. CHOC.	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N		inches	X
12	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> LIVING <input type="checkbox"/> STILLBORN <input type="checkbox"/> DEAD	<input type="checkbox"/> R. LIVER <input type="checkbox"/> DK. CHOC.	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N		inches	X
13	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> LIVING <input type="checkbox"/> STILLBORN <input type="checkbox"/> DEAD	<input type="checkbox"/> R. LIVER <input type="checkbox"/> DK. CHOC.	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N		inches	X
14	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> LIVING <input type="checkbox"/> STILLBORN <input type="checkbox"/> DEAD	<input type="checkbox"/> R. LIVER <input type="checkbox"/> DK. CHOC.	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N		inches	X
15	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> LIVING <input type="checkbox"/> STILLBORN <input type="checkbox"/> DEAD	<input type="checkbox"/> R. LIVER <input type="checkbox"/> DK. CHOC.	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N		inches	X

Signature of Litter Owner verifying that the above description of pups is accurate:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION F: ARTIFICIAL INSEMINATION - (Fresh Semen):**

This form must be completed, signed and returned with the Litter Application if artificial insemination was used utilizing fresh semen.

**ARTIFICIAL INSEMINATION USING FRESH SEMEN**

To be completed and signed by the individual extracting the semen.

I certify that on (date) _____, I extracted semen from the male identified in Section A of this form for the purpose of inseminating the female identified in section A. The named female was present during the collection process.	
Name (Printed)	
Signature	Date
Phone	If above is a veterinarian please complete the section below.
Address	Clinic Name
City, State, Zip Code	Veterinary Lic. Number
Sire Microchip #	Female Microchip #

To be completed and signed by the individual authorized to perform the insemination.

I certify that on (date) _____, I inseminated the female identified in Section A of this form with fresh semen collected from the male identified in Section A of this form. The named male was present during the collection process.	
Name (Printed)	
Signature	Date
Phone	If above is a veterinarian please complete the section below.
Address	Clinic Name
City, State, Zip Code	Veterinary Lic. Number
Sire Microchip #	Female Microchip #

**SECTION G: ARTIFICIAL INSEMINATION - (Frozen/Extended Semen):**

This form must be completed, signed and returned with the Litter Application if artificial insemination was used utilizing frozen or extended semen I, \_\_\_\_\_ owner/s of the extended or frozen semen of sire listed in Section A authorized shipment by \_\_\_\_\_ of extended or frozen semen collected from the sire referenced in Section A to \_\_\_\_\_ for the purpose of inseminating the dam in Section A.

**ARTIFICIAL INSEMINATION USING FROZEN OR EXTENDED SEMEN**

The Veterinarian named and signing below certifies that he/she performed or supervised the artificial insemination of the above referenced Dam in Section A with extended semen collected from the above referenced Sire in Section A, or with frozen semen collected from the above referenced Sire in Section A. If extended or frozen semen is used for the artificial insemination procedure it must be presented to the performing veterinarian from the extracting veterinarian or the storage facility named above with appropriate third party documentation validating the authenticity of said extended or frozen semen as it relates to the Sire named in Section A. If the performing/supervising veterinarian does not certify by signing below as to the authenticity of the extended or frozen semen relative to the Sire named in Section A as donor, based on the presented third party documentation, then the Boykin Spaniel Society will not accept for registration any litter produced from such artificial insemination.

I affirm that I inseminated the dam named in Section A of this form with above said semen on the following date(s):		
I affirm that the following breeding units was/were sealed when presented to me and that none of the semen was used to inseminate any other bitch.		
Breeding Unit Number	Date Semen Collected	Number of Units Used
Name (Printed)		
Signature	Date	
Address	Clinic Name/Phone Number	
City, State, Zip Code	Veterinary Lic. Number	
Sire Microchip #	Female Microchip #	