Boykin Spaniel Society Application for Litter Registration

P.O. Box 70, Rembert, SC 29128 803-425-1032

Email: boykinss@boykinspaniel.org Web: www.boykinspaniel.org

Signatory parties to **Section A** & **B** affirm that by signing below they (owners of **Dam** and **Sire**) agree to comply with all aspects of the Boykin Spaniel Society Constitution and By-Laws, agree to abide by the published BSS "Code of Ethics", and understand any failure to do so jeopardizes their membership in the Boykin Spaniel Society, including the rights and privileges of membership, such as, among other things, the ability to register future dogs and litters. **Owner(s) of the Dam and Sire must have current membership(s) in the Boykin Spaniel Society to register a litter.** (*Print all information except where signature is required* – ***mailed original is required*) Retain a copy of completed litter application for your records. ALLOW UP TO 10 BUSINESS DAYS FOR PROCESSING AFTER SOCIETY RECEIPT OF THIS APPLICATION** to **receive your Litter Registration paperwork in the mail. If incorrect information is found on this Application the processing time frame will be extended based on corrections and resubmission of the original.**

SECTION A: DAM/SIRE/OWNERS INFORMATION

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

DAM REGISTERED NAME: **DAM Microchip #** *(if any)*	**BSS REGISTRATION NUMBER:** **Date of Birth:** **Registration Date:**
Mark (X) ALL OFA (or approved equal, see Code of Ethics) Health Examinations and DNA Tests performed in each box as applicable: ☐ **OFA Hip Evaluation*** ☐ **Degenerative Myelopathy DNA*** ☐ **OFA Heart Certification*** ☐ **Collie Eye Anomaly DNA*** ☐ **OFA Eye Certification*** ☐ **Exercise Induced Collapse DNA*** ☐ **OFA Patellar (knee) Luxation Cert.*** ☐ **NO TESTING DONE***	If ANY of these four OFA health examinations and three DNA tests were NOT performed prior to breeding, then this fact must be documented in writing to the puppy buyer, and included in any contract of sale or **lease**
Dam Owner/ Printed Name: Must be a current BSS member	**Member of the Breeder Program? If so, indicate which level →** ☐ **Gold Level** ☐ **Silver Level**
Dam Owner Complete Address: ☐ ***check if new address**	**Email address:**
Dam Owner Signature:	**Date:** **Phone:**

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

SIRE REGISTERED NAME: **SIRE Microchip #** *(if any)*	**BSS REGISTRATION NUMBER:** **Date of Birth:** **Registration Date:**
Mark (X) ALL OFA (or approved equal, see Code of Ethics) Health Examinations and DNA Tests performed in each box as applicable: ☐ **OFA Hip Evaluation*** ☐ **Degenerative Myelopathy DNA*** ☐ **OFA Heart Certification*** ☐ **Collie Eye Anomaly DNA*** ☐ **OFA Eye Certification*** ☐ **Exercise Induced Collapse DNA*** ☐ **OFA Patellar (knee) Luxation Cert.*** ☐ **NO TESTING DONE****	If **ANY** of these four OFA health examinations and three DNA tests were **NOT** performed prior to breeding, then **this fact must be documented in writing to the puppy buyer, and included in any contract of sale or lease**.
Sire Owner/ Printed Name: Must be a current BSS member	**Member of Boykin Spaniel Society Preferred Breeder Program? If so, indicate which level →** ☐ **Gold Level** ☐ **Silver Level**
Sire Owner Complete Address: ☐ ***check if new address**	**Email address:**
Sire Owner Signature:	**Date:** **Phone:**

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

Breeder /Printed Name:	**Boykin Spaniel Society Preferred Breeder? If so, indicate which →** ☐ **Gold Level** ☐ **Silver Level**
Breeder Complete Address:	**Email address:**
Dam Owner Signature:	**Date:** **Phone:**

SECTION C: HOW DID THE BREEDING (INSEMINATION) OCCUR?

Indicate the insemination type with an (X): Was it by ☐ Natural mating/coupling or was it via ☐ Artificial Insemination?
If it was by Artificial Insemination, you **must** complete either Section F or Section G, whichever is applicable, on Page 4.

I/We certify that the female listed as the Dam in Section A was BRED by the dog listed as Sire in Section A on: _____
Month Day Year

Signature of Registered Owner of Dam _____ Signature of Registered Owner of Sire _____

MAKE SURE THAT ONE OF THE TWO BOXES IN SECTION C WAS MARKED BEFORE PROCEEDING.

SECTION D: FEES/TIMELINES FOR REGISTERING A LITTER

Actual registered owner of the **Dam** at the time of whelping the litter fills in and signs this section and sends this entire form by US Mail with the appropriate fee to:

The Boykin Spaniel Society, P.O. Box 3149, Camden, SC 29020

The fee for registering a litter is **$75.00** if the age of the litter on the date of Application for Registration is four (4) weeks of age and **up to but not more than** eight (8) weeks. **After** eight (8) weeks of age and **up to but not more than** six (6) months of age the fee is $90.00. **After** six (6) months of age and **up to EXACTLY** one (1) year of age the fee is $190.00. **NO LITTER WILL BE REGISTERED AFTER THE PUPPIES ARE ONE (1) YEAR OLD. THERE WILL BE NO LITTERS REGISTERED TO NON-MEMBERS OF THE BOYKIN SPANIEL SOCIETY. The Boykin Spaniel Society will allow for up to ten (10) business days for US Mail delivery when we review the litter age and the appropriateness of the fees.**

Date Whelped (Born) (Month/Day/Year)	**Age of Litter at Date of Application for Registration** (Month/Day/Year) | **DAYS** How many days old today
IF AGE OF LITTER IS 28 DAYS (4 WEEKS) & PRIOR TO 56 DAYS (8 WEEKS) ENTER FEE OF $75.00 →	**$**
IF AGE OF LITTER IS 8 WEEKS & PRIOR TO 6 MONTHS ENTER FEE OF $90.00 →	**$**
IF AGE OF LITTER IS 6 MONTHS & UP TO EXACTLY 1 YEAR OLD ENTER FEE OF $190.00 →	**$**
FEE ENCLOSED WITH APPLICATION PAYMENT BY CHECK OR MONEY ORDER ONLY	**$**

I certify that I was the owner of the Dam named in Section A of this form on the date this litter was whelped and that the number of puppies now living are **(numbers) ____ males and ____ females** and that all information presented on this application for litter registration is, to the best of my knowledge and belief, true and correct.

Dam Owner Signature:_____ **Date** _____

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. COLUMN #1. MARK (X) THE SEX OF EACH PUPPY ON THE FORM. **LIST ALL MALE PUPPIES FIRST, FOLLOWED BY ALL FEMALES.**
   - **APPLICATIONS WHICH DO NOT LIST ALL PUPPIES IN MALE-THEN-FEMALE ORDER WILL BE REJECTED.**
2. COLUMN #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. COLUMN #3. MARK (X) THE COLOR OF THE PUP ON THE FORM. IF THE PUP IS ANY COAT COLOR OTHER THAN **SOLID** RICH LIVER (REDDISH BROWN) OR **SOLID** DARK CHOCOLATE **DO NOT** MARK (X) EITHER BOX. **THIS PUP IS INELIGIBLE FOR REGISTRATION.**
4. COLUMN #4. FILL IN THE DATE EACH LIVING PUP WAS DESCRIBED.
   - LITTERS ARE TO BE DESCRIBED NO SOONER THAN 28 DAYS (4 WEEKS), BUT NO LATER THAN 42 DAYS (6 WEEKS).
   - IN CASE OF DEAD OR STILLBORN PUPS, NO DESCRIPTION IS REQUIRED.

     LITTERS NOT DESCRIBED WITHIN THIS TIME FRAME WILL NOT BE REGISTERED.
5. COLUMN # 5. INDICATE WHETHER THE PUP HAS ANY WHITE HAIR ANYWHERE ON THE BODY BY MARKING THE (Y) BOX ON THE FORM WITH AN X. IF THE PUP HAS NO WHITE HAIRS ANYWHERE ON ITS BODY, MARK THE (N) BOX ON THE FORM WITH AN X.
   - THE CHEST MEASUREMENT IN COLUMN 7 NEED NOT BE PERFORMED **UNLESS** THE ONLY WHITE HAIRS ARE ON THE CHEST.
   - The Boykin Spaniel Society has a measurable formula that sets limits relative to the permissible amount of white **centered** on the pup's chest (sternum/breast-bone). MAXIMUM LIMITS: 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 (armpit to armpit 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.

   WHITE MARKINGS ON THE THROAT, STOMACH, FOOT, TOE OR ANY OTHER PART OF THE DOG'S BODY, OTHER THAN CENTERED ON THE CHEST, SHALL DISQUALIFY THAT INDIVIDUAL PUPPY FROM REGISTRATION. WHITE HAIRS ABOVE THE TOP OF THE STERNUM ARE CONSIDERED TO BE PART OF THE THROAT AND NOT PART OF THE CHEST.
6. COLUMN #6. ENTER ON THE FORM THE LOCATION ON THE BODY OF **ANY** WHITE MARKINGS. **INSPECT EACH PUP CAREFULLY!**
7. COLUMN #7. IF PUP HAS ANY WHITE ON THE CHEST MEASURE THE PUP'S CHEST WIDTH BETWEEN THE ARMPITS AND ENTER THIS MEASUREMENT ON THE FORM.
   A. If, during the 28 day (4 Weeks) to 42 day (6 Weeks) old window of registration, you are unsure of a puppy's ability to be registered due to its white markings, you may request the assistance of a member(s) of the BSS Registry Committee to visit and/or evaluate photographs to help evaluate the puppy's ability to be registered. Photos should be taken as well to help document the dog(s) in question. Email all pictures and/or inquiries to boykinss@boykinspaniels.org and request that a member(s) of the BSS registry committee review and advise. Please provide the whelp date, Sire name, Dam name, the BSR #'s for Sire and Dam, along with the pup number from SECTION E: LITTER DESCRIPTION/INFORMATION listed below as well.
   B. If a picture accompanies this application please state the pup(s) number(s) referenced from the chart below to properly identify the pup, ex. "Picture references #4 male pup".
8. COLUMN #8. IF PUP HAS ANY WHITE ON THE BODY MEASURE THE LENGTH AND WIDTH OF THE MARKING AT ITS WIDEST POINTS AND ENTER THIS MEASUREMENT ON THE FORM.
9. **OWNER OF THE DAM** - SIGN THE BOTTOM OF THE PAGE CERTIFYING THAT 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 ALL OF THE MALE PUPS FIRST THEN ALL OF THE FEMALES NEXT, OTHERWISE THIS APPLICATION IS VOID ON RECEIPT. LIST *ALL* PUPS INCLUDING STILLBORN/DEAD/NON-REGISTERABLE PUPS

MEASURING WHITE: 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 (armpit to armpit 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. Please refer to the above page marked as INSTRUCTIONS/GUIDELINES FOR DESCRIBING PUPPIES for all details on filling out the chart below!

Column	1	2	3	4	5	6	7	8
Pup	SEX Mark (X) LIST MALES FIRST	LIVING / STILLBORN / DEAD Mark (X) MUST MARK IF STILLBORN	PUP COLOR: Rich Liver/ Dark Chocolate Mark (X)	DATE DESCRIBED Must be described between 28 (4wks) and 42 (6wks) days after whelping 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 Width x Length (in.) W " x L"
EX.	☒ M ☐ F	☒ LIVING ☐ STILLBORN ☐ DEAD	☒ R. LIVER ☐ DK CHOC	6 / 25 / 17	☒ Y ☐ N	left rear toe and chest	4.2 inches	1W X 1.8L inches on chest, 0.16“ square left rear toe
1	☐ M ☐ F	☐ LIVING ☐ STILLBORN ☐ DEAD	☐ R. LIVER ☐ DK. CHOC.		☐ Y ☐ N			
2	☐ M ☐ F	☐ LIVING ☐ STILLBORN ☐ DEAD	☐ R. LIVER ☐ DK. CHOC.		☐ Y ☐ N			
3	☐ M ☐ F	☐ LIVING ☐ STILLBORN ☐ DEAD	☐ R. LIVER ☐ DK. CHOC.		☐ Y ☐ N			
4	☐ M ☐ F	☐ LIVING ☐ STILLBORN ☐ DEAD	☐ R. LIVER ☐ DK. CHOC.		☐ Y ☐ N			
5	☐ M ☐ F	☐ LIVING ☐ STILLBORN ☐ DEAD	☐ R. LIVER ☐ DK. CHOC.		☐ Y ☐ N			
6	☐ M ☐ F	☐ LIVING ☐ STILLBORN ☐ DEAD	☐ R. LIVER ☐ DK. CHOC.		☐ Y ☐ N			
7	☐ M ☐ F	☐ LIVING ☐ STILLBORN ☐ DEAD	☐ R. LIVER ☐ DK. CHOC.		☐ Y ☐ N			
8	☐ M ☐ F	☐ LIVING ☐ STILLBORN ☐ DEAD	☐ R. LIVER ☐ DK. CHOC.		☐ Y ☐ N			
9	☐ M ☐ F	☐ LIVING ☐ STILLBORN ☐ DEAD	☐ R. LIVER ☐ DK. CHOC.		☐ Y ☐ N			
10	☐ M ☐ F	☐ LIVING ☐ STILLBORN ☐ DEAD	☐ R. LIVER ☐ DK. CHOC.		☐ Y ☐ N			
11	☐ M ☐ F	☐ LIVING ☐ STILLBORN ☐ DEAD	☐ R. LIVER ☐ DK. CHOC.		☐ Y ☐ N			
12	☐ M ☐ F	☐ LIVING ☐ STILLBORN ☐ DEAD	☐ R. LIVER ☐ DK. CHOC.		☐ Y ☐ N			
13	☐ M ☐ F	☐ LIVING ☐ STILLBORN ☐ DEAD	☐ R. LIVER ☐ DK. CHOC.		☐ Y ☐ N			
14	☐ M ☐ F	☐ LIVING ☐ STILLBORN ☐ DEAD	☐ R. LIVER ☐ DK. CHOC.		☐ Y ☐ N			

By signing this document below, I certify that I am the owner of the puppies described in Section E, and also hereby certify that the puppy descriptions in Section E are accurate. I further certify that I will truthfully document in writing the results of the dam and sire health examinations and DNA tests described in Section A (“OFA Health Examinations and Genetic Tests Performed”) to each puppy buyer at or before the time of puppy ownership transfer; or, if any of the examinations and/or tests were not performed prior to breeding, I will document those which were not performed in writing and deliver to the puppy buyer as well. I also hereby solemnly certify that I will comply with all of the Breeder Responsibilities as published in the current Boykin Spaniel Society Code of Ethics. I understand that the ability to register litters is a membership privilege and not a membership right.

***Signature**_____ **Date**_____ **Printed Name**_____

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.

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

I certify that on (date)_____ , I extracted semen from the sire identified in Section A of this form for the purpose of inseminating the dam identified in Section A. The named dam was present during the collection process.	
Printed Name	
Signature	**Date**
Phone	**If above is a veterinarian please complete the section below.**
Address	**Clinic Name**
City, State, Zip Code	**Veterinary License Number**
Sire BSS Registration No.	**Dam BSS Registration No.**
Sire Microchip #*(if any)*	**Dam Microchip #***(if any)*

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

I certify that on (date) _____ , I inseminated the dam identified in Section A of this form with fresh semen collected from the sire identified in Section A of this form.	
Printed Name	
Signature	**Date**
Phone	**If above is a veterinarian please complete the section below.**
Address	**Clinic Name**
City, State, Zip Code	**Veterinary License Number**
Sire BSS Registration No.	**Dam BSS Registration No.**
Sire Microchip #*(if any)*	**Dam Microchip #***(if any)*

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

This form must be completed, signed and returned with the Litter Application if artificial insemination was used utilizing frozen/fresh chilled or extended semen. If frozen/fresh chilled or extended 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 below with appropriate third-party documentation validating the authenticity of said extended or frozen semen as it relates to the **Sire** named in **Section A**.

I, _____(signature), owner/s of the extended or frozen semen of **Sire** listed in **Section A** authorized shipment by_____ (carrier) of extended or frozen semen collected from the **Sire** listed in **Section A** to _____ (print veterinary clinic name) for the purpose of inseminating the **Dam** in **Section A.**

The Veterinarian named and signing below certifies that he/she performed or supervised the artificial insemination of the **Dam** referenced in **Section A** with frozen/fresh chilled semen or extended semen collected from the **Sire** referenced in **Section A**. *If the performing/supervising veterinarian does not signature-certify as to the authenticity of the frozen/fresh chilled or extended 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 animal.		
Breeding Unit Number	**Date Semen Collected**	**Number of Units Used**
Printed Name		
Signature	**Date**	
Address	**Clinic Name/Phone Number**	
City, State, Zip Code	**Veterinary License Number**	
Sire BSS Registration No.	**Dam BSS Registration No.**	
Sire Microchip #*(if any)*	**Dam Microchip #***(if any)*	