



AMBOR Dog Enrollment Form

American Mixed Breed Obedience Registration

P.O. Box 223

Anoka, MN 55303

www.ambor.us ambor@ambor.us

If you are not already a member, please submit your Dues/Subscription form with this enrollment form.

Owner's name(s)

Owner's AMBOR Membership Number

Dog's Call Name

Dog's Full Name (will appear on certificates)

Dog's Gender

Dog's Birth date (estimate)

Dog's Other Registration Numbers:

AAC _____

C-WAGS _____

U-FLI _____

APDT _____

DOCNA _____

UKC _____

ASCA _____

NADAC _____

USDAA _____

CDSP _____

NAFA _____

WCFO _____

CPE _____

TDAA _____

Other Venues:

Venue: _____

Registration Number _____

Venue: _____

Registration Number _____

Venue: _____

Registration Number _____

Venue: _____

Registration Number _____

All dogs must be spayed or neutered. Please provide documentation from your vet (e.g. invoice or rabies certificate) or have your vet certify the dog is altered by filling out the following:

Signature of DVM _____

Date _____

Name of DVM _____

Phone or email _____

Name of veterinary clinic _____

City, State, Zip _____

I submit that all of the above information is correct and complete to the best of my knowledge, and that this dog is not a Wolf-hybrid.

Signature _____

Date _____

Please mail this form (and supporting documentation if necessary) to the address listed above.