

LETTER OF INTENTION TO BREED SMCNA APPROVED SMALL MUNSTERLANDERS

Breeding Approval Between:

Name of Male: _____ Call Name: _____

*Owner of Male: _____

Registration Number: _____ Organization _____

Hip dysplasia certification number: _____ Organization _____

Field Test Results: NA _____ UPT _____ UT _____ INV _____

Height of dog: _____ inches

Color of Dog: Brown/White: _____ Roan (brown/white/ticked): _____

Name of Female: _____ Call Name: _____

*Owner of Female: _____

Registration Number: _____ Organization _____

Hip dysplasia certification number: _____ Organization _____

Field Test Results: NA _____ UPT _____ UT _____ INV _____

Height of dog: _____ inches

Color of Dog: Brown/White: _____ Roan (brown/white/ticked): _____

Planned date of Breeding _____

Breeder's Name: _____

Kennel Name: _____

Address: _____

City, State, ZIP: _____

Date submitted: _____

Date received form: _____

It is nice to get this early so we may post the information in Munster Tales.

Registrar: Melissa Herz

herzcoffkennel@ykw.net

1301 N.W. Meyers Butte Rd

Powell Butte, OR 97753

***Both Small Munsterlander owners must be members of SMCNA in good standing.**