Golden Retriever Club Of Northumbria

**LITTER BOX**

Name of SIRE:-

Date of Clearance Hereditary Cataract/MRD/Progressive Retinal Atrophy:-

Hip Dysplasia plates available for inspection at:-

Hip Score:-

Name of DAM:-

Date of Clearance Hereditary Cataract/MRD/Progressive Retinal Atrophy:-

Hip Dysplasia plates available for inspection at:-

Hip Score:-

Would you please note that only puppies from tested clear H.C./MRD/P.R.A. and H.D. x-rayed parents will be accepted for our litter box. Please attach copies of both the sire and dam’s up-to-date eye and hip certificates when returning this form.

Without this documentation your litter of puppies will not be accepted onto our list.

Date of Birth:-

No. of Dogs:-

No. of Bitches:-

Name and Address:-

Telephone No.:-

I certify that the above information is correct.

Signed:-

Please enclose your litter box fee of £15.00 (payable to G.R.C.N.) with this form and return it to the

Pat Trotter,

Ingledene

2 Redburn Close

Acomb

Northumberland NE46 4QY

01434 606625