

LONGEVITY CERTIFICATE of EUROPEAN FEDERATION of SHAR PEI CLUBS



I hereby ask for confirmation of longevity of dog:

Name of Dog:

Date of birth: (month/day/year)..... Registration number (No. in PP).....

Gender: Male Female

Breeder:..... Country:.....

OWNER

Name:

Address of owner:.....

.....Country:.....

E mail and Phone number.....

(e mail, phone number)

By sending this application form, you agree that EFSPC may collect, use and disclose your personal data and information about dog on the EFSPC web page. You confirm all information are veridical.

PLEASE, send this application form to Valerie Lorient commission@efspc.eu with copy of Pedigree and documents (see below). Please check carefully your address and e mail. We will use it for post contact.

Dog needs to be saw recently by a veterinary who will give a confirmation, that the dog has been seen and controlled by vet in good health condition adequate to the age*.

- Dog must be clearly identified by microchip or tattoo.
- For submission is necessary
- 1. Copy of Pedigree with name of the breeder and owner;
- 2. Application form must be signed by vet (step as well) and sender (breeder or owner)
- 3. Copy of payment (only in case sender is not member of EFSPCF)

* The veterinary check control is not required for knowing an eventual disease on the dog or his good or bad shape in time of the confirmation

I hereby confirm all information here are correct.

.....
Date and Signature

Confirmation of veterinarian:

I hereby confirm that I personally checked a dog (and this dog is in good health condition- regarding age.

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Date, Signature and step of veterinarian