



# Mini Foxie Club of Australia Inc.

For Office Use

Send completed form to:

MFCA Registrar  
PO Box 383  
GALSTON NSW 2159  
0412 903 851  
registrar@minifoxie.org

## RECORDED FOUNDATION PUP APPLICATION

Page 1 of 2 - Please print clearly in block letters

Member Name: .....

Membership No: ..... Kennel Prefix: .....

Postal Address: .....

.....Postcode: .....

Email: ..... Phone: .....

**This application is to be completed for a pup from unregistered parent/s; or from unknown origins who, as far as can be determined, meet the requirements of the Breed Standard.**

### Instructions for completing this application

1. Please print all details clearly in block letters. No lines are to be left blank.
2. If the information is not known – write "NOT KNOWN" in the space provided.
3. If more information is known about this pup or its ancestry, please supply details on a separate page.
4. Please supply three (3) good quality photos of the pup, front view showing head markings, left hand side and right hand side showing markings. These photos will be retained permanently in the MFCA Registry.
5. Please also supply photos of the pup's parents, if available.
6. Foundation pups must have been genetically tested with regard to Primary Lens Luxation (PLL) and the Genetic Analysis Report showing test results submitted as part of this application. If you need further information regarding PLL testing, please contact the Registrar.
7. The fee for Foundation Pup Recording is **\$10.00** and payment or payment details must accompany this form.

### Declaration

**I hereby apply for the recording of this pup as a Recorded Foundation Pup (RFP) with the Mini Foxie Club of Australia Inc. and certify that the information provided is correct to the best of my knowledge.**

Signature of owner ..... Date .....

FOR OFFICE USE ONLY			
Date Received _____	Received by _____	Fee: \$ _____	Receipt No: _____
Recorded by _____	Certificate sent: _____	RFP No: _____	

# RECORDED FOUNDATION PUP APPLICATION

Page 2 of 2      Please print clearly in block letters

Name of Pup: .....

Whelping Date: .....


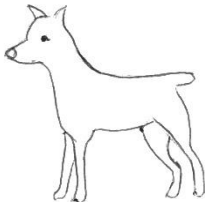
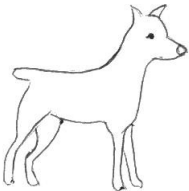
Sex: (please circle)      MALE      FEMALE      Desexed: (please circle)      YES      NO

Colour: (please circle)      BLACK/WHITE      BLACK/TAN/WHITE      TAN/WHITE

Natural Bobtail: (please circle) YES NO      Microchip Number: \_ \_ \_ \_ \_

Number of photos submitted: ..... Genetic Analysis Report for PLL submitted: YES NO

If photos are not provided, please complete in colour the markings of the pup

<b>Colour Code</b> Black = <i>in Black Ink</i> Tan = <i>in Red Ink</i> White = <i>leave white</i>			
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## BACKGROUND INFORMATION ABOUT YOUR PUPPY

Name of Sire: .....

Name of Grandsire: .....

Name of Granddam: .....

Name of Dam: .....

Name of Grandsire: .....

Name of Granddam: .....