

EVRMOR PEDIGREE ORDER FORM to be Faxed to Evrmor Pedigrees at 303-745-7319

Name of Dog _____

Titles _____

Registration Number _____

OFA Number _____ Elbows: _____ Cerf: _____

Breed _____ Variety _____

Sex _____ Birthdate _____ Color _____

Sire's Name _____

Titles _____

Sire's Registration Number _____ **Stud Book Date:** _____

OFA Number _____ Elbows _____ Cerf: _____

Dam's Name _____

Titles _____

Dam's Registration Number _____ **Stud Book Date:** _____

OFA Number _____ Elbows _____ Cerf: _____

Breeder _____

Dog Owner _____

Choose Your Pedigree (Primary Dog is considered the FIRST GENERATION)

3 Gen = \$10

4 Gen = \$17

5 Gen = \$22

6 Gen = \$33

7 Gen = \$55

Payment Information Check or Money Order () Visa () Master Card ()

Signature _____ Acct# _____

Expiration Date: _____

Client Information

Mail to: (your name) _____

(street address, city, state, zip) _____

Home Phone # _____ Cell # _____

Work Phone # _____ Fax# _____

Email Address _____

Where/How did you hear about us? _____

Thank You for your order!!