

©Participation in accordance with the ZTP regulations of the:

# Dobermann-Verein e.V.

Rechtssitz München



**Registration ZTP in:**

**Clubname:**  **Date:**

**Trial responsible:**  **Tel:**

**Address:**

**Name of Dog:**  **BH-Date:**

**Pedigree-Nr:**  **Male:**  **Female:**  **HD:**

**Uncropped:**  **Cropped:** ***Start not possible wen born after 01.08.2016!***

**Colour:**  **Date of birth, dog**  **(Tattoo)Chip.-Nr:**

**1st presentation**  **2nd presentation**  **vWD-FREE**  **vWD-CARRIER**

**Father:**  **PED-Nr:**  **HD:**

**Mother:**  **PED-Nr:**  **HD:**

**Owner:**

**Tel./Fax:**  **Mail:**

**Address owner:**

**Member IDC-Country:**  **Breeder:**

**Handler:**  **Tel./Mail:**

**Address:**

**Member - IDC-Club:**

**Copy Pedigree** ,  **Copy HD-Result**,  **Copy HD or ZTP parents**,  **vWD-Result** and  **Copy Result BH!**

**Dogs from abroad:** need a written authorization from Dobermann Verein e.v. (**Participation must be asked at least 6 weeks before ZTP**).

**Actual ZTP rules from Dobermann-Verein e.V. are to be followed.**

*I am aware of the fact that participation and liability is on my account. The information provided in the registration is correct. A valid liability insurance and a valid vaccination protection for the dog is available. By submitting the entry form, I acknowledge the statutes and the ZTP regulations of the Dobermann Verein e.v. . I expressly declare my consent that my personal data and image/sound recordings to third parties be passed and/or published.. I am informed that a possible contradiction to EU/DS/GVD must be made in writing.*

**Exam fee:**  € \_\_\_\_\_ and **DNA-Fee € 55,00** to be paid to the organizer..

**Closing date:**  **!the registration requires payment of the registration fee!**

\_\_\_\_\_  
(Place/Date)

\_\_\_\_\_  
(Signature of the owner of the dog)