



**FORM 1 of 3 REGISTRATION FORM**

Send form to:  
**PHR**  
**PO Box 2478**  
Friday Harbor, WA  
98250  
FAX #:  
360-378-6954

Poodle Variety:

Standard                       Miniature                       Toy

Registered Name of Dog:

\_\_\_\_\_

Date of Birth of Dog: \_\_\_\_\_ Call Name of Dog: \_\_\_\_\_

Age of Dog When Diagnosed: \_\_\_\_\_

**Instructions:**

1. Fill out this form on your computer and **then** print it.
2. **Attach** a copy of the dog's registration form to it.
3. **Attach** a copy of the dog's pedigree to it.
4. Send it by regular **mail** or **Fax**: see above.

Owner's Data:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Registration copy is attached.

Registration copy is **NOT** attached (explain reason):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Poodle Health Registry**  
[www.poodlehealthregistry.org](http://www.poodlehealthregistry.org)