



City of Freeport, Illinois

Office of the City Clerk • City Hall Building
314 W. Stephenson St. • Suite 200
Freeport, Illinois 61032
Phone (815) 235-8203

LITTER REGISTRATION APPLICATION

Fee \$5.00 per litter

Litter Information Breed _____	MUST BE COMPLETED Date of Breeding _____ Date of Birth _____
SIRE (MALE) INFORMATION Name of Sire _____ Print Name of Registered Owner(s) of Female on the date of breeding (Check Permanent Registration Certificate before entering this information) Address _____ City _____ State _____ Zip _____ Home Phone _____ Work Phone _____ Signature of Owner(s) of Male on Date of Breeding _____	
DAM (FEMALE) INFORMATION Name of Sire _____ Print Name of Registered Owner(s) of Female on the date of breeding (Check Permanent Registration Certificate before entering this information) Address _____ City _____ State _____ Zip _____ Home Phone _____ Work Phone _____ Signature of Owner(s) of Female on Date of Breeding _____	

I (we) am (are) the owner(s) of this litter and certify that the Litter, Sire, and Dam information is correct to the best of my (our) knowledge and belief.

Print Name(s) of owner(s)

Signature(s) of owner(s)