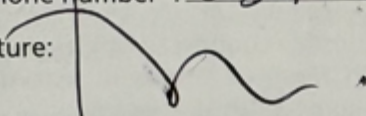


I. DETAILS OF OWNERSHIP

1. Name: MOIRA
Surname: CULLEN
Address: MACALLA FARM
CLARE ISLAND
Post-code: _____
City: WESTPORT
Country: IRELAND
Telephone number*: 087 250 4845
Signature: 

2. Name: _____
Surname: _____
Address: _____
Post-code: _____
City: _____
Country: _____
Telephone number*: _____
Signature: _____

* optional

II. DESCRIPTION OF ANIMAL

PICTURE OF THE ANIMAL
(Optional)

1. Name*: ROSIE
2. Species: Canine
3. Breed*: Cavalier X
4. Sex: Sprayed female
5. Date of Birth*: 08/04/2017
6. Colour: BLACK
7. Any notable or discernable features or characteristics:
WHITE BLAZE

* As stated by owner