



Pudelpointer Club of North America
 The oldest recognized authority for the breed
Breeding Application & Official Litter Registration Certificate
Must be submitted 90 days prior to breeding

PUDELPOINTER FEMALE

TO

PUDELPOINTER MALE

NAME: _____

NAME: _____

PSB: _____ HD: _____

PSB: _____ HD: _____

WHELP DATE: ____/____/____

WHELP DATE: ____/____/____

COAT: WW WS WM WR MM SS RW RR

COAT: WW WS WM WR MM SS RW RR

COLOR: DB BN DU BK

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TEST RESULTS

TEST RESULTS

BIT (MUST PASS) _____ NAE _____

BIT (MUST PASS) _____ NAE _____

N/A _____ UT _____ OTHER _____

N/A _____ UT _____ OTHER _____

STRENGTHS: _____

STRENGTHS: _____

WEAKNESS: _____

WEAKNESS: _____

TEMPERAMENT _____

TEMPERAMENT _____

DATE OF LAST BREEDING ____/____/____

TO: _____ PSB: _____

HOW MANY PUPS HAS THE ABOVE BITCH PRODUCED
IN PREVIOUS LITTERS?

NO. OF LITTERS _____ NO. OF PUPS _____

NO. OF PUPS WHICH OBTAINED QUALIFYING
SCORES IN THE FOLLOWING TESTS

BIT _____

NAE _____

N/A _____

UT _____

OTHER _____

*I have read, I understand and agree to abide by
the Breeding Rules & Regulations of the
Pudelpointer Club of North America*

Signature: _____

Name: _____

Address: _____

City: _____

ST. _____ ZIP: _____

Telephone: (____) _____-_____

Date: ____/____/____

Pre- Breeding & Registration Requirements for Entry in
the Pudelpointer Club of North America Studbook

- Both parents must be registered with PCNA
- Both parents must be "Approved for Breeding"
- Both parents must be certified free of H.D.
(OFA – Guelph – Berlin – Penn-Hip)
- Both parents must be free of eyelid defects
(e.g. Ectropic or Entropic)
- Both parents must have correct bite & Teeth
- All males used for breeding must have normal
location of testes
- Both parents must conform to the breeding standard
for coat

THIS SINGLE BREEDING IS

Approved Not Approved *Valid for 1 year from date of application*Signed: _____
Breeding Committee Representative

Date: ____/____/____

Signed: _____
Breeding Committee Representative

Date: ____/____/____

Signed: _____
Breeding Committee Representative

Date: ____/____/____

