



## Application to Register a Litter (Must be an ILA Member Breeder)

**International Labradoodle Association**  
www.ilainc.com

**INSTRUCTIONS:** Fill in the information below completely and send to the ILA dog registrar along with payment or method of payment (i.e. paypal). Litters need to be registered within 90 days of whelping. Be sure sire and dam owners SIGN this form.

**To be completed by Stud Owner**

Name of Owner: \_\_\_\_\_ Name of Kennel \_\_\_\_\_  
 Address: \_\_\_\_\_ E-mail address \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ ILA member # (if applicable) \_\_\_\_\_  
 Name of Stud Dog (in cluding breeder prefix) \_\_\_\_\_ ILA registration number (if applicable) \_\_\_\_\_  
 \*Note: if stud dog is not already in the ILA registry - a stud certificate is REQUIRED  
 Dates of breeding: \_\_\_\_\_ Artificial Insemination? Yes No  
 I certify that the stud listed above was bred to the dam listed below as described.  
 Signature of Stud Owner \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed by the Breeder:**

Name of Breeder: \_\_\_\_\_ Name of Kennel \_\_\_\_\_  
 Address: \_\_\_\_\_ E-mail address \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ ILA member # \_\_\_\_\_  
 Name of Dam \_\_\_\_\_ ILA dog registration number \_\_\_\_\_  
 Date of Whelping (month/day/year) \_\_\_\_\_ Number of males: \_\_\_\_\_ females \_\_\_\_\_ TOTAL \_\_\_\_\_

NOTE: If a puppy is deceased, write "deceased" in the puppy name field.  
 If a puppy is retained for your own breeding program, please also e-mail a photo at the time of litter application.

Male/ Female	Entire/desexed or contract Type	Puppy Name (required)	color	coat	estimated size mini, medium, standard	ID type & number CHIP/Tattoo yes/no	Retained?
M F	E D C				min med std		Y N
M F	E D C				min med std		Y N
M F	E D C				min med std		Y N
M F	E D C				min med std		Y N
M F	E D C				min med std		Y N
M F	E D C				min med std		Y N
M F	E D C				min med std		Y N
M F	E D C				min med std		Y N
M F	E D C				min med std		Y N
M F	E D C				min med std		Y N
M F	E D C				min med std		Y N
M F	E D C				min med std		Y N
M F	E D C				min med std		Y N
M F	E D C				min med std		Y N
M F	E D C				min med std		Y N

I certify that the above information is correct.  
 Signature of ILA Member Breeder \_\_\_\_\_ Date \_\_\_\_\_  
 Form of Payment? PayPay \_\_\_ Mailed Check \_\_\_

This completed form may be submitted to the ILA Dog Registrar via mail, fax, or scanned e-mail.  
 Butch Charlton Fax Number: 309-418-9916  
 10729 Grassy Creek Place E-mail: [dogs@ilainc.com](mailto:dogs@ilainc.com)  
 Raleigh, NC 27614