



# Mastiff Club of America, Inc.

## Longevity Certificate Application

Type or Print the following information and include copies of documentation:

Registered Name including titles: \_\_\_\_\_

Registration #: \_\_\_\_\_ Registry (AKC, CKC, or FCI, etc.): \_\_\_\_\_

Sire's registered name including titles: \_\_\_\_\_

Dam's registered name including titles: \_\_\_\_\_

*Copy of Registration is required and must be submitted with the application.*

Birth Date: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yy)      Date of Death (if applicable): \_\_\_/\_\_\_/\_\_\_ (mm/dd/yy)

Sex: **MALE** or **FEMALE**    Spayed/Neutered: **YES** or **NO**    Age of Spay/Neutered: \_\_\_\_\_

Verification of date of death or proof that the dog is still living is required and must be submitted with the application. This could include a statement from your Veterinarian or a MCOA Member (other than yourself) in good standing with signature, memorial ad, etc.

Cause of Death (Optional, but desirable): \_\_\_\_\_

Owner: \_\_\_\_\_ Co-Owner: \_\_\_\_\_

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

City: \_\_\_\_\_ City: \_\_\_\_\_

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

Country: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Breeders: \_\_\_\_\_

Mail or e-mail the completed application and copies of documentation to:

Emily Drew  
MCOA LC Program  
10726 Cherrington St  
Highlands Ranch, CO 80126  
Phone: (303) 791-3053  
em\_drew@yahoo.com