



United States Rottweiler Club Tattoo Verification Form

All information must be typed or printed neatly

This form to be completed by a USRC Regional Director, USRC Breed Warden, veterinarian or any USRC member assigned to witness by a Regional Director or the Registrar.

Owner Information			
Owner of Dog	Phone		
Address	City	State	Zip
Dog Information			
Name of Dog	<input type="checkbox"/> Male <input type="checkbox"/> Female	AKC Reg. #	ADRK Reg. #
Tattoo Verification Information			
<input type="checkbox"/> I have tattooed this dog/bitch <input type="checkbox"/> I have witnessed the tattooing of this dog/bitch <input type="checkbox"/> I have examined the tattoo of this dog/bitch			
Tattoo #	Location of Tattoo (circle one) * RE LE IRT ILT		
* RE-Right Ear LE-Left Ear IRT-Inner Right Thigh ILT-Inner Left Thigh			
Name	Title (DVM, Regional Director, Breed Warden)	Phone	
Address	City	State	Zip
Signature	Date		

Mail Tattoo Verification Form to:
 Erika Butler
 26317 NE 139th Ave
 Battle Ground, WA 98604