

Verband für Kleine Münsterländer Vorstehhunde e.V.
Report of a Failed Pregnancy

Kennel:

Mating date:

Date when determined, the female was not pregnant:

Was female vaccinated against herpes? Yes No

Female

Name of the female: ZB-Nr.:

DOB: DGStB-Nr.:

Owner:

Address:
Street Postal code City, State/Province

Tel.: E-Mail.:

Stud Dog

Name of stud dog: ZB-Nr.:

DOB: DGStB-Nr.:

Owner:

Address:
Street Postal code City, State/Province

Tel.: E-Mail.:

City, Date

Signature of the breeder

Please send the completed form to the Breed Warden of your Landesgruppe as soon as possible.

Declaration of Consent according to the Federal Data Protection Act (BDSG):

I recognize the bylaws of the Verband für Kleine Münsterländer e.V. as binding for me. I agree that the information I have provided may be stored electronically in accordance with the applicable data protection regulations for the purposes of the association and may be used for statutory purposes and passed on to other officers of the association.