APPLICATION FORM for the title of AUSTRIAN VETERAN-CHAMPION

| Breed: | Sex: |
|--|--|
| Name according to studbook: | |
| Studbook number: | Date of birth: |
| Owner's Name | |
| Owner's Address: | |
| Country: | Phone Number: |
| E-Mail: | |
| "Best Veteran" was obtained at the fo location and judge): | llowing shows (please list name of exhibition, date, |
| 1 | |
| 2 | |
| 3 | |
| I hereby confirm the accuracy of the p | preceding details with my signature |
| Date:S | Signature: |