



The Shiloh Shepherd Registry, Inc.
A Shared Vision, A Common Goal

TSSR's Height/Weight Verification Form

Dog's Registered Name _____

Registration# _____ DOB _____

Color _____ Coat length _____

Sire's Name _____ Reg# _____

Dam's Name _____ Reg# _____

Owner's Name _____ Phone# _____

Address _____

Email Address _____

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On this day of _____ 200__ I have measured the height of the above mentioned male/female and have found the height to be _____ inches.

This male/female was weighed on this day of _____ 200__ and was found to weigh _____ pounds.

Name _____

Signature _____

Date _____ Phone _____

Address _____
