NOTE: You may fill this form out before printing Reset Form

Individual Rat Registration Application

- ☐ Gold Member ~ Free
- ☐ Silver Member / Free within limit ~ $1.00
- ☐ Full Member / Supporting Club ~ $1.00
- ☐ Non-Member ~ $2.00
- ☐ Genetic fault registration ~ Free (membership not required)

Breeder's Information:

Name:	E-mail:
Rattery Name:	Prefix:

Owner's Information:

Name:	E-mail:
Rattery Name:	Prefix:
Member ID:	

If You are not a member of NARR, please print your full address (Street Address, City, State & Zip):

Rat Information Date of Birth:

Full Registered name: *(28 Characters including prefix(es), spaces, and punctuation, please do not enter the rat's "pet" name.*

Tail Type: *(Tailless)*	Sex: *(Circle one)*	Male	**Pet Only Male**	Female	**Pet Only Female**

Main Body Coloring	Markings: *(Blazed, Berkshire, Variegated, Bareback, etc)*

Coat Type: *(Standard, Rex, Satin, Hairless)*	Ear Type: *(Dumbo, Standard)*	Eye Color: *(Black, Ruby, Pink, Odd-eye)*

Sire:	Name:	Registration Number:
Dam:	Name:	Registration Number:

Pedigree: *(check one of the following and follow directions)*

- ☐ **Both parents are already registered with NARR,** no additional pedigree information required
- ☐ **There is no known ancestry of the rat (eg from pet store or rescue),** no additional pedigree information required
- ☐ **There is no known ancestry past the parents of this rat,** no printed pedigree required, but please fill in the following if known:

Color/Markings Ear Type Coat Type Eye Color Tail Type (if tailless) D.O.B.

Sire:_____

Dam:_____

- ☐ **This rat is pedigreed, but parents are not registered with NARR, please include a 3 generation pedigree with application.** Mark any unknown ancestors as unknown. If you use a pedigree program such as Breeders Assistant, print a 3-generation pedigree with registration numbers. If you do not use a program use the pedigree form available from the forms page.

Health/Temperament Notes: List any health or temperament notes you would like in the database, i.e. Tumors, SDA, Respiratory Problems, Injuries, etc. Include dates if possible. If rat has been/is healthy leave blank. Updates can be made online.

_____

The information above is true to the best of my knowledge, and I understand that if information is given falsely that registration can be denied for this rat and all offspring.

Signature: *(Breeder or New Owner)* Date

Mail completed application to:

North American Rat Registry
PO Box 5721
Saginaw, MI 48603-0721

Make checks payable to:
North American Rat Registry

Office Use: