Clifton House, 4a Goldington Road, Bedford, MK40 3NF telephone: +44(0)1234 352672 facsimile: +44(0)1234 348214 e-mail: office@isds.org.uk
Registered Charity No. 209009

APPLICATION FOR REGISTRATION OF A NAME PREFIX OR SUFFIX

The Society permits the use of only one, simple working name for a registered dog (e.g. BEN, MAID). However, breeders may apply for the exclusive use of a prefix or suffix that may, optionally, be added to the working name of any pups that they register.

The prefix or suffix name applied for should be of no more than 20 characters. It should ideally be a proper noun such as a farm or town (e.g. HIGHWOOD or CHESTER) that may be hyphenated (e.g. NANT-Y-BAI). However, if necessary, it may comprise up to two words only (e.g. LONG TREE), although the two words may not enclose the dog's name. The name should be appropriate to a working dog and fancy or inappropriate terms are not acceptable (e.g. CHOCOLATE, PRETTY, MADONNA).

Prepositions (small words) (e.g. A; OF; THE; FROM; TO) may not be part of the name. Nor may a possessive name (apostrophe+S) be used (e.g. SPENCER'S). Non-English names are fully acceptable, providing they follow the above guidance, and non-English characters can be included, (e.g É, Ü) but these will have to be available in the normal ASCII character set.

Finally, the name will be checked against names currently registered and will be rejected if it is too similar.

The prefix or suffix is for the exclusive use of the owner for his or her lifetime and may be transferred only by written will of the owner upon their death and by further payment of the current Application Fee.

An A5 size, vellum certificate and receipt for the fee will be sent around ten days after approval.

Cut oπ and return this slip, with payment; thank you.			
To: The Internat	ional Sheep Dog Socie Goldington Rd, Bedf	ety	
I, the undersigned, here	by apply for Registration of a	Prefix / Suffix and enclose the	current fee of £150.00.
I understand that this w	rill be for my exclusive use wh	en registering eligible dogs wi	th the Society.
PRINT NAME:			MEMBER No:
ADDRESS:			
SIGNED:		DATE:	FEE ENCLOSED:
PREFIX or SUFFIX (please delete as required):	(use large CAPITAL LET	TERS)
Once approved, this na	me may not be amended. The	e name must be a prefix <u>or</u> su	ffix and may not be interchanged.
Office Use			
Date Rece	Member	Name Ent	Sent