



NAME & SURNAME	
ID NUMBER	
HOME ADDRESS	
OCCUPATION	
CONTACT NUMBER	
EMAIL ADDRESS	

PREFERENCE

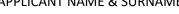
GENDER	MALE	F		FEMALE			1A	VΥ				
COLOUR	WHITE		BRINDL			R	ED		TRI		ANY	
REQUIRE	FAMILY	PET SH			DW	DOG	i 📗		BREEDING DO			
AGE	PUPPY (6-14 weeks)					JUI	IIOR (4-12 months))	
	ADULT (1-5 years)					VI	ETER	RAN	(5+ ye	ars)		

I the applicant wish to be placed on the Rion Bullterriers waiting list, I would like to be informed if a potential dog is available. I the applicant have read and understood the terms and conditions on the Rion Bullterriers website regarding the terms of sale, I hereby agree to the terms and conditions.

APPLICANT NAME & SURNAME

DATE

SIGNATURE











#RionbullterriersSA

PO BOX 492, FLORIDA, 1709 Telephone: (+27)761171996 Email: Rionbullterriers@gmail.com

