



IRISH WOLFHOUND CLUB OF AMERICA, INC

IWCA Longevity Program
Attn: Kerri McIntyre Murphy
805 E 11th
Winfield, KS 67156
Email: Wolfhound@cox.net
620-229-8348

Longevity Certificate Application

Registered Name of Dog: _____

Registration Number: _____
(A copy of the registration certificate is required before application is processed)

Registry (AKC, CKC, or FCI, etc.): _____

Sex Male Female

Sire's registered name including titles: _____

Dam's registered name including titles: _____

Birth Date: _____ mm/dd/yy

Date of Death (if applicable) _____ mm/dd/yy

Cause of Death (optional but desirable) _____

Owner: _____

Address: _____

City: _____

State: _____ Zip: _____ Country: _____

Phone: _____ E-Mail: _____

Co-owners: _____

Address: _____

City: _____

State: _____ Zip: _____ Country: _____

Phone: _____ E-Mail: _____

Breeders: _____



IWCA Longevity Award Application

Instructions for submitting your application:

- Complete the entire form.
- Include copy of registration as proof of date of birth
- Verification of the date of death or proof that the dog is still living is required and must be submitted with the application. This could include statements from your Veterinarian or an Active IWCA member in good standing (other than yourself, co-owners or breeders). This statement must also be included with the application.

Print and mail the complete application and copies of documentation to:

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