

CAVY NEW VARIETY COD APPLICATION FORM

Date:		
Name:	ARBA #:	
Street:		
City:	State:	Zip:
Phone:	Email:	
National Specialty Club President Contact Information		
National Specialty Club Secretary Contact Information		

Breed: *(may include the satin counterpart)* _____

Group/Variety: _____

☐ Standard is attached

Proposal: