

**ARBA Cavy COD Additional Applicant Information Sheet:**

<b>BREED COD</b>	<b>Breed:</b>	<b>Variety:</b>
<b>VARIETY COD</b>		

Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:
ARBA Membership Number:	ARBA Membership Number:

Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:
ARBA Membership Number:	ARBA Membership Number:

*If applying for a COD as a group, this form must accompany the New Breed or New Variety Application plus a written standard description.*