

ABGA

“Champions for Health” Application Form

Date: _____

Name: _____

Address: _____

Phone #: _____

Name of Dog: _____

Registration #: _____

Date of Birth: _____ Sex: _____ Variety: _____

Permanent Identification # Tattoo: _____ Microchip: _____

Breeder: _____

Sire: _____

Dam: _____

Actual Owner(s): _____

Attach copies of all test dates being applied for. A signed letter from your veterinarian, confirming the date of the test, is all that is required. The actual results of the tests are not required.

_____ - CERF - Test for eyes (renewed on an annual basis while being breed)

_____ - ERG - Test for Progressive Retinal Atrophy

_____ - OFA – Test for Luxating Patellas

_____ - OFA – Test for Hip Dysplasia

_____ - OFA – Test for Thyroid

_____ - MRI - Test for Syringomelia

Test dates will be kept on file. Each test date applied for, will be listed as a “Star” and a date in the next issue of the ABGA Bulletin and posted on the ABGA web-site.

Please mail your application to:

ABGA Health Chairman

Mark Grigalunas

529 West 42nd Street Apt. #2k

New York, N.Y. 10036