Berner-Garde Foundation

Dog and Owner Submission Form

*Please fill in as much as possible*

OWNER INFO: {more than one owner? Write on the back of this form)

Name: Phone: \_

Address: State/Zip:

City: \_

Email Address: ­

**BREEDER** INFO:

Name: Phone: \_

Address: State/Zip:

City: \_

Email Address: ­

DOG INFO:

Registered AKC Name:

Call Name:

AKC Registration Number: Limited Registration: Yes No DATE OF BIRTH: \_ Male or Female Spayed or Neutered: Yes No

DNA# {necessary to compete with your Berner): \_

Your dog's Sire: Your dog’s Dam:

AKC Registration Number. \_ AKC Registration Number: \_

**\*\*IS YOUR DOG A** Rehome Rescue BARC

Tattoo: Yes or No Location: Tattoo:

Chip: Yes or No Location: Chip#

**Chip Registry (Home Again, Avid):** \_

**Dog Height: \_ Dog Weight: \_ Coat (normal black): Yes or No**

**Tail: \_\_** **Gay \_\_normal\_\_\_ kink Bite: \_\_\_scissor (normal) \_\_\_underbite \_\_\_overbite**

**Eye Color: \_\_Brown \_\_\_ Light Brown \_\_\_ Dark Brown Bite: \_\_\_\_\_ Scissor (normal) \_\_\_underbite \_\_\_ Overbite**

 **HEALTH: Deceased: Yes or No Date if Death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Health Problem(s):**

**Treeatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Veterinarian:**

Name:

Address: City/State/Zip: \_

**TESTS/Certificates** ( Type: hips; elbows, eyes, •heart; Degenerative Myelopathy, von Wiliebrand, thyroid, etc.)

Please enclose a copy of the test

**Titles Earned:**

Date Title Issued By (AKC or other registry)

If you have any questions, please email (maria4berners@gmail.com) or call me (301-416-0565). Please fill in your email address and phone number so that I can reach you if I have any questions.

Be assured that your address, phone number and email address **will NOT be visible** when entered in Berner-Garde unless you specifically ask for them to be visible.

Thanks so much for working with Berner-Garde and helping the future health of our Berners! Mail your submission and test copies (if applicable) to

Maria Crifasi

401 Homewood Circle

Frederick, MD 21702

Or Scan/email to maria4berners@gmail.com