



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: _____ City: _____

State/Zip: _____

Email Address: -----

BREEDER INFO:

Name: _____ Phone: _____

Address: _____ City: _____

State/Zip: _____

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: _____ AKC Registration Number. _____

Your dog's Dam: _____ 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): _____

Treatment: _____

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