

CHAMPION OF HEALTH NOMINATION FORM

Dog's Registered Name: _____

Dog's Call Name: _____

Dog's Registration Number: _____

Dog's Date of Birth: _____

Dog's Nominator: _____

Nominator's Relation to Dog: (circle one) OWNER BREEDER BREEDER/OWNER

Dog's CHIC number: _____

Describe any other (non-CHIC) health clearances performed:

Please detail the accomplishments of the dog and why this dog deserves the title "CHIC/APC Champion of Health." Use additional pages if necessary.

Does the dog have offspring? (Circle one) YES NO

If yes, do the offspring have CHIC numbers? (Circle one) YES NO SOME

Provide CHIC numbers for the offspring or describe all health clearances performed on the offspring (include test numbers, or copy of the test results report, where appropriate). Use additional pages if necessary.

Deadline: for receipt of nominations for each year is **February 1**. E-mail nomination form (with any appropriate documentation)

Email to Kate Hornick – kasiedoc@roadrunner.com