



GPCA Health Committee



Great Pyrenees Club of America OFA Champions of Health Program - application

This award is the OFA sponsored annual award and consists of an etched trophy awarded to the owner, and a \$100.00 donation to the AKC Canine Health Foundation (AKC/CHF) in the name of the honored dog. A photograph of the dog will be posted on the Champion of Health page of the GPCA Health website. This award will be presented at the GPCA National Specialty Annual Awards Program.

Dog's Registered Name _____ AKC # _____

Call Name _____ Date of Birth _____

Breeder(s) _____

Owner(s); Co-Owner(s) _____

Address _____

Telephone number _____ email address _____

List ALL Titles earned by this dog _____

CHIC Number _____

List All Health Certifications & numbers _____

Is this dog currently affected with any illness of acute or chronic nature? (Please include any age or trauma related problems) Yes__ No __

If yes, please describe the health issues currently affecting this dog and list any medication being administered to control or treat this condition below.

Does this dog have any offspring ? Yes__ No __

If yes, total number of offspring produced? _____

Total number of AKC Champion get? _____

Total number of offspring with a CHIC number? _____

If yes, please list any name(s) of offspring and include CHIC number(s) & health clearances _____

Please detail the accomplishments of this dog, which qualifies him/her for the "OFA Champion of Health" award. A photograph suitable for publishing should be included with the application.

Use additional pages if necessary.

I certify that the information provided in this application is accurate to the best of my knowledge. I also affirm that the nominated dog is currently free from any acute or chronic illness and is not maintained on medication to correct or control any problems of an acute or chronic nature, other than those disclosed in the application.

Breeder or Owner Name (printed) _____

Breeder or Owner signature _____

Date submitted _____

Please send completed application & photograph to:

Nancy Wood Taber

PO Box 996

Tijeras, NM 87059-0996

Applications must be received no later than January 15