

ESAA HEALTH & GENETICS COMMITTEE
APPLICATION FOR BAER DATABASE

INSTRUCTIONS: (check one)

___ **SINGLE DOGS:** Submit this Application, ESAA BAER Test Form*, copy of BAER tracing and non-refundable fee of \$3.00 payable to ESAA (U.S. Funds). Fill in lines 1-4 & 6-10.

___ **SINGLE DOGS PREVIOUSLY SUBMITTED ON LITTER TEST FORM:** Submit this Application. No fee. Fill in lines 1-10.

___ **LITTERS:** Submit this Application, ESAA BAER Test Form* and copies of BAER tracings. No fee. Fill in lines 1, 4, & 6-10.

Mail To:

Jane Wooding
ESAA BAER Data Base
2 Hemlock Trail
Redding, CT 06896
203-938-1199

Email: BaerDatabase@esaa.com

1. BAER Test performed by _____ Date of Test _____
2. Name of Dog _____ Sex ____ Color _____
3. AKC/CKC Registration # _____
4. Date of Birth _____
5. For puppies on previously submitted Litter Test Form: "Dog #" on litter Test Form _____
Name/Identification on Litter Test Form _____
6. Sire _____ Reg # _____
7. Dam _____ Reg # _____
8. Owner(s) _____
9. Address _____

10. Phone _____

I authorize the tester to release any information required by the Health & Genetics Committee of the English Setter Association of America for the sole purpose of verifying the BAER test listed above.

Owner(s) Signature _____ Date _____

*Equivalent of signed and dated statement from tester may be submitted.