E.S.A.A. BAER TEST FORM

Date of Test: _____

REQUIRED
on each tracing
by tester

1. **Date of Test**
2. **Some ID of Dog**
3. **Diagnosis**
4. **Signature or Stamp of tester.**

(Check One) ☐ **INDIVIDUAL DOG**

☐ **LITTER MATES**

_____ # of puppies in the whole litter

Date of Birth _____

Owner(s): _____

Address: _____

Phone: _____ E-Mail: _____

Sire _____ Reg # _____

Dam _____ Reg # _____

Instructions: To test an individual dog, record results under Dog #1. To test littermates use one line for each dog.

#	Dog's Identification as recorded on Tracing	AKC/CKC Registration # (if known)	Sex	Color	Test Results Normal or Deaf		*DO NOT WRITE IN THIS COLUMN*
					Left	Right	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Tester's Name: _____ Phone: _____

Address: _____

Signature of Tester: _____ Date: _____

Mail with copies of tracings to:

Jane Wooding ESAA BAER Database 2 Hemlock Trail Redding, CT 06896 E-mail: hnjwooding@aol.com