

E.S.A.A. BAER TEST FORM

Date of Test: _____

(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.

The following 4 items are **REQUIRED** on each tracing by **the tester**.

1. Date of Test
2. Some ID of dog being tested
3. Diagnosis
4. Signature or stamp of tester

(It is recommended that BAER tests be performed by board certified veterinary neurologists, but also acceptable are test results from experienced veterinarians, neuroscience professionals, and audiologists.)

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

Tester's Name: _____ Phone: _____

Address: _____

Signature of Tester: _____ Date: _____

Mail this form with copies of tracings to:
Jane Wooding ESAA BAER Database 2 Hemlock Trail Redding, CT 06896
Charges: Whole litters with all tracings submitted = Free. Otherwise = \$5.00 per dog.
(Automatic submission to ESAA and OFA Web Sites)