

**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](mailto: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.