

# E.S.A.A. BAER TEST FORM

Date of Test: \_\_\_\_\_

ENTIRE LITTER

(Check One)  INDIVIDUAL DOG  LITTER MATES

\_\_\_\_\_ # of puppies in the whole litter

Date of Birth \_\_\_\_\_

Breeder/Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail \_\_\_\_\_

Sire: \_\_\_\_\_ Reg # \_\_\_\_\_

Dam: \_\_\_\_\_ Reg # \_\_\_\_\_

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**.

**Date of Test**  
**Diagnosis**

**Some ID of dog being tested**  
**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		<b>DO NOT WRITE IN THIS COLUMN</b>
					Hearing or Deaf	Left Right	
1							
2							
3							
4							
5							
6							
7							
8							
9							

*I hereby certify that the dogs examined are the dogs described on this application. I understand that only normal results will be released to the public unless the breeder/owner signing here also signs the authorization for OFA to release abnormal results.*

Signature of breeder/owner \_\_\_\_\_

**\*\*\* Authorization to Release Abnormal Results \*\*\***

I hereby authorize the OFA to release the results of the evaluation of the animals described on this application to the public if the results are abnormal.

Signature of breeder/owner \_\_\_\_\_

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 quarterly submission to ESAA and OFA Web Sites)**