



BULLDOG CLUB OF CENTRAL CANADA

HEALTH AWARD PROGRAM

APPLICATION FORM

Bulldog CKC Registered Name: _____

CKC Registration Number: _____

Owners Name: _____

Owners Address: _____

Owners Phone: (_____) _____ Email: _____

Breeders Name: _____

List all OFA Certifications:

1. _____ OFA Number: _____

2. _____ OFA Number: _____

3. _____ OFA Number: _____

4. _____ OFA Number: _____

5. _____ OFA Number: _____

6. _____ OFA Number: _____

7. _____ OFA Number: _____

Application will be awarded annually, BCCC application deadline is December 1st each year. Certificates will be awarded annually. Health testing does not have to be completed in any given year.

Mail this form including copies of all OFA certificates indicated above to:

Bulldog Club of Central Canada
Health Award Program
c/o Amanda McAllister, Secretary
293490 Culloden Road, RR4
Ingersoll, ON N5C 3J7

or you can email to: secretary@bulldogclubofcentralcanada.net