Bernese Mountain Dog Club of Ontario Breeder's List Application Form

Breeder Member applicants can apply to be included on the Breeder's List through the **BMDCO Membership Chair.** The BMDCO Executive Committee on an individual basis will consider this application for approval.

As a breeder member I agree to:

A) Adhere to all CKC rules, regulations and requirements pertaining to the sport of dogs, as well as the Constitution and the Code of Conduct of the BMDCO.

B) Be a member in good standing with the BMDCO for at least 2 consecutive years.

C) Be a member in good standing with the CKC.

D) If a novice BMD breeder (never produced a BMD litter), be mentored by a current BMDCO Breeder Member.

E) Obtain sponsorship from 2 current Breeder Members. (If novice breeders obtain your mentor and one additional Breeder Member signature.)

F) Provide annually, all current information regarding breeding stock.

Name:			
Address:			
		ldress:	_
			_
5	0 –		
Are you a Novice BMD Breeder? # Of BMD litters produced		Yes	
Sponsor 1 Name:		Sponsor 2 Name:	_
Mentor's Name:		Sponsor 1 Name:	

List Names of Breeding Stock 1) CKC Registered Name:

CKC Reg. #:	Date of Birth:	
Name of Hip/Elbow Registry:		
Is a Veterinary Certificate for Con	npleted Hip & Elbow X-Rays Included? Yes No	

2) CKC Registered Name:

CKC Reg. #:	Date of Birth:
Name of Hip/Elbow Registry:	
Is a Veterinary Certificate for Comple	ted Hip & Elbow X-Rays Included? Yes No

CKC Registered Name:	
CKC Reg. #:	Date of Birth:
Name of Hip/Elbow Registry:	
Is a Veterinary Certificate for Comp	leted Hip & Elbow X-Rays Included? Yes No

4) CKC Registered Name:

CKC Reg. #:	Date of Birth: _			
Name of Hip/Elbow Registry:				

Is a Veterinary Certificate for Completed Hip & Elbow X-Rays Included? Yes No

5) CKC Registered Name:

CKC Reg. #: _____ Date of Birth: _____ Name of Hip/Elbow Registry: _____

Is a Veterinary Certificate for Completed Hip & Elbow X-Rays Included? Yes No

*Please use a separate page to list additional dogs.

A BMDCO Member in good standing since:
--

Verified by Membership Chair: _____

Member's Signature: _____

Mentor/Sponsor 1 Signature: _____

Sponsor 2 Signature: _____

Date: _____

Please return completed application to the BMDCO Membership Chairperson

For more information, contact Graeme at: membershipbmdco@gmail.com. Thank you.