DUAL WEIMANANER PROGRAM APPLICATION FORM

Please fill out the following form in its entirety and email the completed form to eslamberson@msn.com. In addition, attach 4- to 5 photos in JPG format, a 3 to 5 generation pedigree in JPG or PDF format, and a copy of field certificates in a PDF or JPG format.

The COI value can be calculated using the website - www.weimaranerpedigrees.com; use kennel name to search for dog; go to show doginfo; go to Inbred % to calculate COI (i.e., coefficient of relationship). We can also calculate the COI for you - just leave it blank.

Note - To ensure that your application is not delayed, please check that your photos and pedigree total less than 5M before sending in an email.

Dogs name and titles:

Owner(s):

Address:

Phone:

email:

Breeder(s):

Achievements:

STATISTICS

Name of Dog:

**Coefficient of Inbreeding
(COI 8 generation):**

Location (city, state):

Date of Birth:

AKC Number:

Height (in):   **Who measured this dog:**

OFA Hips #:   **Final Conclusion:**

Penn Hip #:   **DI L/R:**   **Percentile:**

OFA Elbows #:   **Final Conclusion:**

                                                                              CERF (eye) cert:

Thyroid #:   **Final Conclusion:**

Is this dog/bitch able to reproduce: ◯ **yes**   ◯ **no**

If yes, please fill out the following:

Number of litters sired/produced: **Number of puppies produced:**

Titles of puppies:

Chilled semen recovery %:   **Date tested:**

Live cover available: ◯ **yes**   ◯ **no**

Has this dog ever had:

HOD: ◯ **yes**   ◯ **no**   **Bloat:** ◯ **yes**   ◯ **no**

**Entropion, ectropion,
distichiasis (list):**   **Love of water -**
                                                     scale from 1 to 10:

Missing teeth: ◯ **yes**   ◯ **no**   **Coat condition**
                                                     (good, poor, excellent):

Scissor bite: ◯ **yes**   ◯ **no**   **Nail color:**

Allergies: ◯ **yes**   ◯ **no**   **White other than**
                                                     on chest:

**Separation
Anxiety:** ◯ **yes**   ◯ **no**

                                                     Other comments:

LH Carrier: ◯ **yes**   ◯ **no**   ◯ **unknown**