

**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: _____

Phone #: _____ E-mail Address: _____

Member's Canadian Kennel Club #: _____

CKC Registered Kennel Name & Reg.#: _____

Are you a Novice BMD Breeder? **No** **Yes**

Of BMD litters produced _____

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 Completed 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 Completed Hip & Elbow X-Rays Included? Yes No

3) 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

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 Gaylynn at: membershipbmdco@gmail.com. Thank you.