**American Hovawart Club – Membership Renewal Application**

Mailing address: AHC Treasurer – c/o Ben Phillips, 549 Kline Ave, Pottstown, PA 19465

Please make checks payable to American Hovawart Club.

**Member Details Phone:**

|  |  |
| --- | --- |
| Name: | Phone: |
| Mailing Address: | Email: |
| At this time, are you interested in breeding?  | Today’s Date: |
| Please list any other Hovawart club memberships: | Signature: |

**Hovawart Details (please add pages if necessary)**

|  |
| --- |
| Registered Name (if applicable): |
| Call Name: |  |
| Sex: M / F |  | Color: Black Black & Gold Blond |
| Altered: Y / N |  | Microchip/ID: |

Membership Type (select one)

|  |  |  |  |
| --- | --- | --- | --- |
|  | $43 Single Membership4 online newsletters, one vote |  | $60 Family Membership 4 online newsletters, two votes  |

Attached Documents

|  |  |
| --- | --- |
|  | OFA Hip results (or results from another country’s certifying organization) |
|  | OFA eye certification (or results from another country’s certifying organization) |
|  | Degenerative Myelopathy results |
|  | Certificates for conformation, temperament testing, working ability, etc. |
|  | Thyroid results (full panel) |
|  | Description of known health or genetic issues in your dog / dog’s ancestry (hips, thyroid, tail anomalies, eye or heart problems, missing teeth, and so on. |
|  | Other: |