

American Hovawart Club – Membership Renewal Application

Please return by March 1, 2020

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

Please make checks payable to American Hovawart Club.

Member Details

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:	Country of Origin:	
Sex: M / F	DOB:	Color: Black Black & Gold Blond
Altered: Y / N	Tattoo:	Microchip/ID:

Membership Type (select one)

\$43 Single Membership 4 online newsletters, one vote	\$60 Family Membership 4 online newsletters, two votes
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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.

Do you and your hovi enjoy any of these activities? (circle all that apply)

Obedience	Rally-O	SAR	Tracking	Tricks	Hiking
Jogging	Herding	Agility	Therapy	Swimming	Dock Diving
Fly Ball	Companion	Schutzhund	Companion	Conformation	Other