

## AWPGA BREEDER REFERRAL FORM

In order for your kennel to be considered for the Breeder Referral program, you have to be a member in good standing. Please complete this form, agree to microchip or tattoo your puppies before they leave your possession, agree to abide by the AWPGA Code of Ethics, and sign the form. Please return this form to the AWPGA Treasurer. The Treasurer will forward the form to the Breeder Referral Coordinator. Please do not forward this form directly to the Breeder Referral Coordinator. Even if you have previously completed a Breeder Referral Form, you must complete a new one each year to remain on the list. **PLEASE PRINT LEGIBLY.**

Name(s): \_\_\_\_\_  
Kennel Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Web Address: \_\_\_\_\_

What does your kennel offer? (Please mark all that apply)

Puppies \_\_\_\_\_ Adult Dogs \_\_\_\_\_ Started Dogs \_\_\_\_\_ Stud Service \_\_\_\_\_

How frequently do you have litters? \_\_\_\_\_

Are your puppies registerable? AKC \_\_\_\_\_ NAVHDA \_\_\_\_\_ Other \_\_\_\_\_

What is the primary focus of your kennel (show, hunt, other performance (obedience, agility, tracking, etc.)?  
\_\_\_\_\_

Circle the homes that you will consider:

Pet      Non-Hunting      Show      Hunt      Other Performance      service

Do you sell on contract? **Yes No** What are the primary provisions of the contract? (Please specify)  
\_\_\_\_\_

What are your guarantees? (Please specify) \_\_\_\_\_

What is your policy regarding replacement/refund? \_\_\_\_\_

Do you do health clearances for the following?

Hips (Circle one OFA or Penn Hip)? \_\_\_\_\_ Elbows \_\_\_\_\_ Thyroid? \_\_\_\_\_ CERF (Eyes)? \_\_\_\_\_ Cardiac? \_\_\_\_\_

Do you permanently identify your puppies? **Yes No** Method **Microchip Tattoo** If tattooing, which registry do you use? \_\_\_\_\_

May prospective owners visit your kennel by appointment? **Yes No**

If one of your puppies should turn up in Rescue, are you willing to take it back and/or help with its rescue? **Yes No**

Has any of your information changed from previous years? **Yes No**

Please indicate on the back any comments or special conditions not covered elsewhere in this form. I am a member in good standing with the AKC, I agree to permanently identify all puppies before they leave my premises, I agree to abide by the AWPGA Code of Ethics, and I attest that all of the information on this form is truthful.

\_\_\_\_\_  
Signature of AWPGA Member/Breeder/Kennel Owner (Over)

Please list below any other pertinent information you would like to share:

**Please return this form to:**

**Kevin Pruznak  
5036 Babe Rd  
Tyrone PA 16686**

\_\_\_\_\_ Please do not write below this line. \_\_\_\_\_  
Office Use:

Current year dues paid? Yes No Member in good standing? Yes No

Member's Date of Membership: \_\_\_\_\_ NA

Date of Breeder Referral List Eligibility:  
(1 Year After Membership Date of 30 Days After Being Published in Griffonnier, if applicable ) \_\_\_\_\_