

SBCA LIFESPAN ACHIEVEMENT PROGRAM APPLICATION

If not printed back-to-back, please staple pages together. Use as many extra pages as necessary to answer questions.

* All items with an **asterisk** **MUST** be filled out for a LC and/or a BFL-1 Certificate. *

** All items with a **double asterisk** **MUST** also be filled out for a BFL-2 Certificate. **

PLEASE fill out completely to the best of your knowledge the remainder of the form.

Please check all that are applicable:

LC Certificate:

BFL Certificate:

*Date of this application: _____

*Dog's Registered Name (include Titles): _____

Call Name: _____ *Sex: _____ *Date of Birth: _____

*AKC #: _____ OR *Foreign Registry #: _____ *Country: _____ *Age Imported: _____

If Applicable: *Date of Death: _____ Cause of Death: _____

Number of puppies in litter that this Saint Bernard was born in: _____ Males _____ Females

Have any siblings lived to the age of 10 or older? Yes: _____ No: _____ If yes, please provide Sex and current age or age of death: _____

If you have contact information for owners of these siblings, we would appreciate it you could let them know about our program.

*Sire: _____

**DOB: _____ **DOD: _____ AKC #: _____ OR **LC / BFL # _____

**Paternal Grand Sire: _____

**DOB: _____ **DOD: _____ AKC #: _____ OR **LC / BFL # _____

**Paternal Grand Dam: _____

**DOB: _____ **DOD: _____ AKC #: _____ OR **LC / BFL # _____

*Dam: _____

**DOB: _____ **DOD: _____ AKC #: _____ OR **LC / BFL # _____

**Maternal Grand Sire: _____

**DOB: _____ **DOD: _____ AKC #: _____ OR **LC / BFL # _____

**Maternal Grand Dam: _____

**DOB: _____ **DOD: _____ AKC #: _____ OR **LC / BFL # _____

Please check the person to whom Certificate is to be sent.

*Breeder(s): _____

*Owner(s): _____

*Address: _____

*City: _____ *State: _____ *Zip + 4: _____

Telephone: _____ Email: _____

Health Clearances & Care

Use as many extra pages as necessary to fully answer questions.

*Hips: _____ *Elbows: _____
*CERF: _____ *Cardiac: _____
*Thyroid: _____ *Other: _____

Traditional/Veterinary/Non-traditional: _____

Intact vs. Spayed/Neutered: _____ Age of Spay/Neuter: _____

If Intact Breeding History: _____

Female: Number of Litter(s) / Puppies: _____

Female: Age at Breeding(s): _____

Vaccination History and Types/Titers: _____

Average Weight Thru Adult Life: _____ Diet: _____

Supplements: _____

Activities: _____

Environment: _____

Any Major Illness/Injury/Surgery & the Age at Onset: _____

Other Information You Feel Is Relevant: _____

Send Completed Form To:

SBCA L.A.P. CERTIFICATE
c/o Jennifer Hanger
1186 Maurertown Mill Road
Maurertown, VA 22644
540-325-8015 whodat@shentel.net

Note: Dog's Titles will be included on Certificate, but not in the Master Lifespan Certification List on the SBCA website. Additional Certificates may be requested at \$5.00 each. Please send check payable to the Saint Bernard Club of America (U.S. Funds Only) and include name(s) and address(es) of those to whom the Certificate(s) should be sent.