

# CHAMPIONS FOR HEALTH

## Nomination form

The Champion for Health Award is sponsored by the Orthopedic Foundation (OFA) for Animals. Health contributions remain the number one criteria in the selection process for this award. Nominees should have as a minimum the required CHIC health tests for bloodhounds. These are hips (OFA), elbows (OFA), and cardiac (OFA). The nominee should also have significant accomplishments- as a show dog, a top producer, a working dog, or in service to the community, etc.

Nominations are submitted to the ABC Health Committee. The recipient is selected by OFA, based on recommendations from the Health Committee. The award will consist of an engraved silver medallion, and a \$100 donation to the AKC Canine Health Foundation in the name of the honored dog. The award will be presented at the club's annual awards banquet (National Specialty).

**No dog owned or bred by any member of the Health Committee may be nominated for this award until the year 2012.**

Please submit this form to Claudia Williams, ABC Health Committee  
[shilohhounds@earthlink.net](mailto:shilohhounds@earthlink.net) All nominations must be received by July 17, 2009.

Dog's Registered Name: \_\_\_\_\_

Dog's Call Name \_\_\_\_\_

Registration number: \_\_\_\_\_ Dog's date of birth \_\_\_\_\_

Owner's name: \_\_\_\_\_

Person nominating the dog: \_\_\_\_\_

Contact information: email address or phone number \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

Health Information: Please list all health certifications (including number) and the agency (OFA, CERF, PennHip, etc) issuing the certification: (Some of this information may be found at [www.offa.org](http://www.offa.org))

CHIC number \_\_\_\_\_ Other: \_\_\_\_\_

Hips \_\_\_\_\_

Elbows \_\_\_\_\_

Cardiac \_\_\_\_\_

Additional Health Information:

Narrative: Please state why you think this dog should be considered for the Champion for Health Award. Include information on the dog's accomplishments and how this dog has influenced our breed. Please give detailed and complete information. Use additional pages, if necessary.

Sign your name and date here to verify that: The information provided is true and accurate to the best of my knowledge

Signed: \_\_\_\_\_ Date: \_\_\_\_\_