



GPCA HEALTH AWARDS APPLICATION



Dear GPCA Member,

On behalf of the GPCA Health Committee, we want to thank you for participating in this Program. This Program acknowledges your participation and assists the Health Committee in collecting important Health Information on our wonderful Breed.

Instructions for submitting your application:

- Complete the application in its entirety
- COPIES OF ALL YOUR HEALTH CERTIFICATES (NO ORIGINALS)
- OPTIONAL - Additional original duplicates of a certificate may be Purchased by the owner for \$5 each. Checks or money order are Payable to the GPCA. Please indicate in the memo section on your check/money order "Health Award Certificate Copy"

Please print and mail the completed application, copies of documentation and if applicable Check/Money Order for additional copy to:

Darrell Goolsbee
6405 Brentwood Drive
Fort Worth, TX 76112

Email: dgoalsbee@gmail.com



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Please Type or Print (clearly) the following information and include copies of documentation:

Applying for: SILVER AWARD GOLD AWARD STAR AWARD (See Requirements)

Dog's Registered Name: (Including Titles) Spayed Neutered Yes No

Registry (AKC, CKC, FCI, etc):

Sire's Registered Name: (Including Titles)

Dam's Registered Name: (Including Titles)

Owner(s) Name:
Street Address:
City: State: Zip Code: Country:
Telephone (Day): Evening:
Email Address:

Co-Owner(s) Name:
Street Address:
City: State: Zip Code: Country:
Telephone (Day): Evening:
Email Address:

Breeder's Name:

Please Attach Copies (not Originals)

Silver Level = any 3 Passed Exams

Gold Level = any 6 Passed Exams

- OFA - Hips, OFA - Patellas, CERF, BAER, Glanzmanns Thrombasthenia, OFA- Elbows, OFA - Cardiac, OFA - Thyroid, OFA - Shoulder, Canine Multi-focal Retinopathy

Additional copies of Certificates are \$5.00 per Copy. Would you like copies? Yes No

If yes, how many? x \$ 5.00 = Total Enclosed \$

GPCA USE ONLY Date Received: Date Certificate(s) Mailed: Initial: