



Boston Terrier Club of America, Inc.

2022 National Specialty Show

BTCA HEALTH EXAMINATION APPLICATION FORM INSTRUCTIONS

Your dog must be permanently identified by Microchip, Tattoo or DNA prior to these tests to have the results recorded by OFA.

The following documentation should be sent along with the above application:

Silver Certification:

To receive your Silver Health Certificate, you must submit for each dog:

A photo copy of the Companion Animal Eye Registry (CAER) certificate and Patella certificate from the Orthopedic Foundation for Animals (OFA) website (www.ofa.org).

Gold Certification:

In addition to the items needed for the Silver Certificate, please send a photocopy of the OFA Brain Auditory Evoke Response (BAER) certification information from the OFA website.

Reference Information:

1. The BAER test only needs to be performed once in a dog's life sometime after the dog is 35 days of age.
2. There is no minimum age for the CAER eye exam to be performed.
3. The Patella exam should be performed after the dog reaches one year of age, to have the results registered with OFA. Exams performed before one year of age will be treated as a consultation and no number will be issued by OFA. OFA recommends having this exam performed bi-annually.

To apply for your BTCA Health Certificate:

Please only mail Page 1 and your documentation to me, postmarked prior to the deadline of the year you are applying for the Health Certificate. Health Certificates will now be mailed to you during the week of the Nationals.

Sue LeCalsey
BTCA Health Committee
760 Van Ess Road
Green Bay, WI 54311

As a reminder there is no fee for participation in this program.

If you have any questions, please feel free to contact me at AchatesBostons@Ameritech.Net

Sue LeCalsey



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BTCA HEALTH CERTIFICATION PROGRAM APPLICATION FORM

This form is to be completed by you and sent to me. Each dog applied for must be a minimum of one year of age.

AKC Registered Name of Dog: _____

Call Name: _____ Color: _____

AKC Registration #: _____ Date of Birth: _____

Permanent ID #: _____ Microchip Tattoo DNA

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Telephone number: _____

Current Information for Co-Owner for mailing their Certificate.

Co-owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

By submitting this application, I confirm that I am a member in good standing with the Boston Terrier Club of America and comply with the BTCA Code Of Ethics. And that this dog complies with the current AKC Breed Standard for Boston Terriers.

SIGNATURE: _____

Health Certificates will be mailed to you the week of the National.

**This form supersedes any other form, rule or regulation previously posted.
Each Certificate is good for one year from the date of issue.**