



CHIC/PARENT CLUB CHAMPION OF HEALTH NOMINATION FORM

Deadline for Nominations is January 15th of each year for presentation at ASSA National Specialty.

Please Print or Type

Owner Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____ Fax: _____

Dog's Registered Name: _____

Call Name: _____ Registration #: _____

Date of Birth: _____ CHIC #: _____

If Nominator is different than the owner, please give name and contact information below:

Name: _____ Phone: _____

Significant Accomplishments of Nominee (can be show, performance, therapy, dog sport, etc.):

Does this dog have offspring? Yes _____ No _____

Special accomplishments of offspring: _____

OFA health clearances and CHIC numbers of offspring, if applicable: _____

Use additional pages as necessary.

Submit form and any additional pages and data by e-mail or regular mail to

Glenda Price

357 Joy Haven Drive

Sebastian, FL 32958-6605

E-mail trestaoac@aol.com