**OESCA Breeder Referral Information and Consent Form**

**Breeder Contact Information**

Breeder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kennel Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shipping Availability Indicator (Optional): \_\_\_\_\_ Does not ship \_\_\_\_\_ Will ship \_\_\_\_\_Blank

Do you consent to have the information above posted in the OESCA Online Breeder Directory? \_\_\_\_\_\_\_\_\_\_

**Qualifications**

1) Have you been a member in good standing of OESCA for the past 3 years? \_\_\_\_\_\_\_

2) Have you submitted a signed Code of Ethics to the Breeder Referral Chairman within the last 2 years? \_\_\_\_\_ Yes \_\_\_\_No *If no, please forward a signed Code of Ethics with this form.*

3) The “Active Exhibitor Criteria” requires OES breeders to be actively exhibiting in AKC recognized events. OES breeders are required to produce at least one AKC Champion and/or AKC Performance Titled OES within a 5 year period. Do you meet these criteria? \_\_\_\_\_\_\_\_ Please explain, noting the number of litters bred or co-bred and number of AKC Champions and/or AKC Performance Titled OES produced from those litters in the past 5 years. (Use an additional sheet of paper if necessary.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) The Breeder Referral Program requires that all breeding stock have a minimum of the following 4 health tests with NORMAL RESULTS (passing). Hip Dysplasia by OFA or PennHip; Eye Examination by a Boarded ACVO Ophthalmologist; Evaluation for Autoimmune Thyroiditis by an approved lab; **\*\***DNA test for Exercise Induced Collapse. Do you meet these criteria? \_\_\_\_\_\_\_\_

5. The following health tests are also strongly recommended for all breeding stock. Please indicate which of the following tests you are performing. Cardiac Evaluation\_\_\_\_\_\_; BAER test for Congenital Deafness \_\_\_\_\_\_; \*\*DNA test for Multiple Drug Sensitivity (MDRI)\_\_\_\_\_\_; \*\*DNA test for Cerebellar Degeneration (CA)\_\_\_\_\_\_; \*\*DNA test the Primary Ciliary Dyskinesia (PCD)\_\_\_\_\_\_.

***\*\*DNA testing allows for an "unaffected" individual (Carrier) to be used for breeding when bred to another DNA tested "unaffected" (Clear) individual for the same genetic disorder.***

**Agreement**

I (We) attest that all information provided on this form is true and accurate and will assist in the verification of

this information if requested. I (We) agree to comply with the Old English Sheepdog Club of America Code of

Ethics and make a lifelong commitment to every Old English Sheepdog I (we) produce. I (We) will cooperate

with OESCA in the investigation of any written complaint lodged against me (us).I (We) agree to respond to all prospective buyer inquiries regardless as to whether I (we) have puppies available.

**To remain listed in the Breeder Referral Directory it is required to complete and re-submit this form every 5 years.**

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 *Signature 1 Date Signature 2 Date*

***Please mail this form to: Carol Cooke, 1344 Oak Ridge Dr., Chesapeake, VA 23322***