



# German Shepherd Dog Club of America

## Application for Health Award of Merit

The GSDCA Health Award of Merit is presented to current club members' who's GSD has passed the parent club's comprehensive set of required health tests and evaluations.

Tests are verified on the OFA Database; attach copies of optional or additional tests as needed.

Information about the CHIC program is found at: <https://www.ofa.org/about/chic-program>

The OFA Database is found at: <https://www.ofa.org/>

**Membership Information** (please print) Member Number:: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

\* please list all names of owners to be listed on HAM certificate

**GSD Required Information** (please attach your OFA page for quicker validation)

AKC Registration Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\* Please list all  
Titles for Dog

\*\* AKC Registered Name: \_\_\_\_\_

Permanent Identification #: \_\_\_\_\_

☐ OFA CHIC #: \_\_\_\_\_ ☐ GSDCA Temperament Test Certificate Date: \_\_\_\_\_

☐ OFA Hip Evaluation #: \_\_\_\_\_ OFA Elbow Evaluation #: \_\_\_\_\_

☐ OFA Cardiac Evaluation #: \_\_\_\_\_

☐ OFA Thyroid Evaluation #: \_\_\_\_\_

☐ OFA DNA Test for Degenerative Myelopathy (DM) #: \_\_\_\_\_ (or DM Flash test)

(Performing the DM test and publishing results are required to qualify for the Health Award of Merit. Because of continuing research, the dog's DNA status/results will not disqualify a dog. The Health Committee objective is to have more testing performed and to have results published so that information is available to breeders. See detailed information from OFA on DM regarding breeding guidelines.)

### OPTIONAL TESTING:

☐ OFA Dentition evaluation #: \_\_\_\_\_

☐ OFA/CERF Eye Clearance (each year until 6, then every 2 years) #s: \_\_\_\_\_

☐ Additional Health Tests: (ie. Penn Hip) \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send to: Carolyn Gerganoff - 760-443-3950

Form dated 20180831

Health & Genetics  
Chair

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