

BdFC of SEM Breeder Referral Application

Member Name: _____

Kennel Name: _____



Please provide the information you would like listed in the Directory.

Please circle your answers.

Name: _____

Health testing performed on sire and dam as recommended by ABdFC: Yes / No

Address: _____

Additional tests: _____

Ears: Cropped / Natural / Owner's Choice

Phone: _____

Permanent Identification of breeding stock: Yes / No

Email: _____

Puppies are available for:

Website: _____

*Conformation: Yes / No

*Performance: Yes / No

*Service/Therapy: Yes / No

I have been breeding for _____ years

*Companion: Yes / No

Additional Information: _____

I have read and understand all the guidelines and expectations listed in the Bouvier des Flandres Club of Southeastern MI's Breeder Referral Directory. I understand that any violation of the guidelines/expectations can and will result in my removal from the BdFC of SEM's Breeder Referral Directory.

Signature: _____ Date: _____

Mail this application & payment to: Bill Webb
11740 Davisburg Rd.
Davisburg MI 48350

Initial Fee = \$20
Annual Fee = \$10