



Litter Listing & Puppy Referral Form

The information provided on this form must comply with the [PSLRA Code of Ethics](#) and follow the Club's posted [Litter Listing & Puppy Referral Program Guidelines](#).

COPIES OF HEALTH CERTIFICATES FOR ALL REQUIRED CLEARANCES FOR BOTH THE SIRE AND DAM MUST BE SUBMITTED WITH THE FORM.

IF BREEDER/LISTER WOULD LIKE THE LITTER LISTING CHAIR TO REFER TO THE SIRE OR DAM'S ACTUAL OFA PAGE, ASSUMING ALL CLEARANCES ARE POSTED AND THE EYE CLEARANCE INFORMATION IS UP TO DATE, THE ACTUAL OFA LINK(S) MUST BE PROVIDED.

Breeder Contact Information			
Date:		Breeder's Name: [Or, name of Breeder Club Member is listing litter on behalf of]	
Address:		City:	State: Zip:
Phone:		Email:	
Kennel Name: [If applicable]		Website: [If applicable]	
Litter Information			
Litter Date: [Born or expected date]		Colors Expected: [If litter is not born] Black: <input type="checkbox"/> Chocolate: <input type="checkbox"/> Yellow: <input type="checkbox"/>	
Males: [Total males available]	Black Males: [Number available]	Yellow Males: [Number available]	Chocolate Males: [Number available]
Females: [Total females available]	Black Females: [Number available]	Yellow Females: [Number available]	Chocolate Females: [Number available]
Sire's Clearance Information			
Registered Name:		Registration Number:	
Link to OFA Page:			
Hips Clearance: Complete for ONE of the Accepted Clearance Options Below			
OFA Rating:		Age in Months:	
Penn Hip Rating: [If applicable]		Age in Months:	
OVC Rating: [Canada]		Age in Months:	
Elbow Clearance:			
OFA Rating:		Age in Months:	
Elbow Clearance Exemption: [If frozen breeding, and Sire was whelped prior to 5/1/1987, must confirm no OFA Elbow clearance is available]			
Annual Eye Clearance: Complete for ONE of the Accepted Clearance Options Below			
OFA: <input type="checkbox"/> or ACVO: <input type="checkbox"/>		Exam Date:	
Required Genetic Clearances [for Sire or Dam]: Provide Copy of Results from Testing Laboratory			

Prcd/PRA Rating:	EIC Rating:	CNM Rating:
Recommended/Not Required Heart Clearance: Provide Copy of Results from Board Certified Cardiologist or OFA Cert.		
ECHO Date:	Auscultation Date:	
Provide Copies of Results from Testing Laboratory for Additional Genetic Clearances to Include in the Listing		
[Examples of additional optional genetic clearances may include, but are not limited to: Dilute, RD/OSD, HNPk, etc.]		
Dam's Clearance Information		
Registered Name:	Registration Number:	
Link to OFA Page:		
Hips Clearance: Complete for ONE of the Accepted Clearance Options Below		
OFA Rating:	Age in Months:	
Penn Hip Rating: [If applicable]	Age in Months:	
OVC Rating: [Canada]	Age in Months:	
Elbow Clearance:		
OFA Rating:	Age in Months:	
Annual Eye Clearance: Complete for ONE of the Accepted Clearance Options Below		
OFA: <input type="checkbox"/> or ACVO: <input type="checkbox"/>	Exam Date:	
Required Genetic Clearances [for Sire or Dam]: Provide Copy of Results from Testing Laboratory		
Prcd/PRA Rating:	EIC Rating:	CNM Rating:
Recommended/Not Required Heart Clearance: Provide Copy of Results from Board Certified Cardiologist or OFA Cert.		
ECHO Date:	Auscultation Date:	
Provide Copies of Results from Testing Laboratory for Additional Genetic Clearances to Include in the Listing		
[Examples of additional optional genetic clearances may include, but are not limited to: Dilute, RD/OSD, HNPk, etc.]		