

BAER TEST REPORT (Brainstem Auditory Evoked Response)

NAME OF BREEDER: _____ NAME OF SIRE: _____
 ADDRESS: _____ REGISTRATION NUMBER: _____
 TEL NO: _____ NAME OF DAM: _____
 BREED: _____ REGISTRATION NUMBER: _____

I declare that the details for dog/puppies named below and submitted for evaluation for BAER testing are correct to the best of my knowledge. I agree and acknowledge that the results may be sent to the Kennel Club for publication.

Signed: _____

	REGISTERED NAME	REGISTERED NUMBER	DOB	SEX	CHIP	RESULT - RIGHT - PASS/FAIL	RESULT - LEFT - PASS/FAIL
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

SignedMRCVS

Date

