



CHOW CHOW BREED COUNCIL

SILVER HEALTH SCHEME APPLICATION FORM

Owner's Name: _____ Date: _____

Address: _____

Phone: _____ Email _____

CHOW CHOW DETAILS

Kennel Club Registered Name of Chow Chow

Kennel Club Registered Number _____

Microchip Number _____

Please supply evidence of the following KC/BVA tests (scans or copies of the relevant certificates)
KC/BVA Hip Score

KC/BVA Elbow Score

KC/BVA Eye Test certificate

Chow Chow Breed Council Bronze Health Scheme Certificate

Disclaimer

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____