Ibizan Hound Club of the United States

Breeder Directory Application

|  |  |  |
| --- | --- | --- |
| Name |       | List: [ ] Yes [ ]  No |
| Kennel Name |       | List: [ ] Yes [ ]  No |
| Phone Number (with area code) |       | List: [ ] Yes [ ]  No |
| Email Address |       | List: [ ] Yes [ ]  No |
| Website (if applicable) |       | List: [ ] Yes [ ]  No |
| Residence State |     |
| Optional Designation | Breeder of Merit: [ ]  YES [ ]  No |
| [ ]  I agree that I will perform and submit all required testing on both the stud and bitch prior to breeding all future litters whether the litter is listed on the website or not. |

This application is being submitted with the Member’s understanding that IHCUS will not express preference nor endorses any specific breeder or their dogs. This application is subject to approval by the Breeder Referral Chairperson, who may at their discretion request further documentation. IHCUS will not list Breeders on the directory without a signed application and application fee.

Being listed on the Breeder Directory is subject to approval by the IHCUS Breeder Referral Chairperson. The IHCUS Code-of-Ethics states, “Each member will check their dogs for hereditary defects before breeding them.”

To be accepted in the IHCUS Breeder Referral program, an applicant agrees to do the following:

1. [ ]  Provide health test for all Sires and Dams of all litters owned or co-bred by the applicant,
	1. CHIC numbers -- the Canine Health Foundation issues CHIC numbers as proof that all Parent Club/IHCUS recommended health tests (CERF, BAER, OFA or PENN Hips and OFA Thyroid) have been performed and submitted to the OFA for their open database. (CHIC numbers required the dog be
	2. **OR** [ ] Health test documentation for all required tests (CERF, BAER, OFA or PENN Hips and OFA Thyroid)
	3. The CERF testing must have been performed within the past 11 months of the litter listing application.
	4. OFA Thyroid must be performed at least at ages of 2,3,4,6 or 8 years of age
	5. Health tests results for Sires and Dams must be within the normal range of applicable test.
2. [ ]  Submit a completed and signed application with a $20 fee
	1. This is a one-time fee and is good so long as the breeder is not at any point removed from the listing.
	2. If breeder is removed from the listing for any reason a resubmittal of necessary paperwork and billing will be requested.
3. [ ]  To have individual litters or adults listed you must:
	1. Submit a completed Litter/Adult Application
	2. Submit CHIC number for both Sire and Dam of the litter or submit results for all required tests.
	3. All test results must be within the normal range of applicable test
4. [ ]  *Exceptions* to the health tests (Contact Breeder Referral for more information)
	1. Sire’s semen imported from outside the U.S. should have equivalent testing.
	2. Use of frozen semen for a dog that resided in the U.S. but died before the year 2000
	3. All other exceptions will be on a case by case basis and must be approved by Breeders Referral
5. [ ]  Provide the health test results for the Sire and Dam of a litter prior to breeding
	1. This shall apply to any litter the Member is breeding/co-breeding or are leasing the Dam.
	2. Failure to provide health tests results within the normal range of applicable test will result in the removal of the Breeder’s listing from the parent club’s website with no refund of fees and removal from the Breeder Referral Program
	3. Exceptions can be referred to Breeder Referral for consideration on a case by case basis

By signing this application the Member agrees to abide by the Code of Ethics adopted by the Ibizan Hound Club of the United States.

**Fees:**

**IHCUS Member --- free**

**Non-Members fees:**

**Application Fee:**

$40.00 yearly fee for non-members

 Kennel Name, Point of Contact, Phone Number and Email address and a link to the

individual’s website

**Litters or Adult Available Listings:**

 *$50 fee for non-members*

Includes: Complete Litter Information (See Litter Application for details)

**Applicant Agreement for members and non-members:**

[ ]  I acknowledge my obligation under the IHCUS code of ethics as follows:

* Socialization: the IHCUS code of ethics states that, “each member will carefully socialize their dogs and any dog exhibiting an obvious temperament problem (extreme sharpness or shyness) will not be bred or exhibited in public.”
* Disclose any known hereditary defect which would affect the animals well-being or health issue prior to sale/placement
* A written contract (contents will vary between breeders) must include the following
	+ That you shall retain the right of first refusal should the purchaser ever decide to transfer ownership or resell the hound
	+ That you guarantee your willingness to take back, for any reason, any dog or puppy that you placed or sold

Additionally:

 I Acknowledge the Following:

[ ]  I have read and agree to adhere to the IHCUS code of ethics

[ ]  I understand I may be asked to provide documentation for the claims I have made on this form and that random checks may be preformed

[ ]  I understand I must remain a member of IHCUS in good standing to be listed for free on the Breeder Directory

[ ]  I understand IHCUS does not sell dogs, and does not recommend, endorse, guarantee or rate breeders, their kennels, or their stock, nor does IHCUS take part in any contractual agreement between buyer and breeder

[ ]  I am willing to educate and talk with prospective buyers about the breed, my breeding program, and activities and answer any questions they might have.

[ ]  I will continue to mentor individuals that receive dogs/puppies from me.

[ ]  I agree to take back and provide care for any dog of my breeding at any time it may become necessary

[ ]  I will do my best to maintain contact with those people who have my dogs in order to be aware of the level of care and health of the dog.

[ ]  I understand that failure to abide by these provisions will be regarded as a breach of contract and may subject that member to removal from Breeder Referral and possible additional disciplinary action

I agree to the above statements and terms:

Name (printed): \_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return this completed application with supporting health test documentation to:

Current Breeder Referral Chair (See current “Third Eye” or go to):

<http://www.ihcus.org/contacts/committees>

Or, email to breedref@ihcus.org

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

***For IHCUS use only:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IHCUS Member | Signed Application | Application Fee**For non-members** | Agree to Testing | Breeder of Merit |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

Application approved [ ]  Yes [ ]  No

Reason disapproved \_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_