



Boston Terrier Club of America, Inc.

2024 National Specialty Show



BTCA HEALTH CERTIFICATION PROGRAM APPLICATION FORM

This form is to be completed by you and sent to me.
Each dog applied for must be a minimum of one year of age.

AKC Registered Name of Dog: _____

Call Name: _____ Color: _____

AKC Registration #: _____ Date of Birth: _____

Permanent ID #: _____ Microchip Tattoo DNA

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Telephone number: _____

Current Information for Co-Owner for mailing their Certificate.

Co-owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

By submitting this application, I confirm that I am a member in good standing with the Boston Terrier Club of America and comply with the BTCA Code Of Ethics. And that this dog complies with the current AKC Breed Standard for Boston Terriers.

SIGNATURE: _____

Health Certificates will be mailed to you the week of the National.

**This form supersedes any other form, rule or regulation previously posted.
Each Certificate is good for one year from the date of issue.**