

# BULLDOG CLUB OF AMERICA CHARITABLE FUND, INC.

## REIMBURSEMENT FORM

FOR

### PARTICIPATION IN O.F.A. TRACHEA GRADING STUDY

BCACF appreciates your participation in this very important breed-specific study to advance the education of the veterinary and breeding population as it relates to the trachea size of the Bulldog breed. To receive your reimbursement (up to \$50 per dog for the x-ray procedure) you must return this completed form, along with a copy of the receipt for the x-ray, as directed at the bottom of the form. You must pay your vet for the service and BCACF will send you a check for up to \$50 per dog to help offset the expense of the procedure. Do not send money to OFA. Please wait until you receive a conformation report from the OFA to submit refund. The bar-code report from OFA is needed before refund is granted.

*This offer is limited to the first 100 Bulldogs participating in the study.*

DATE \_\_\_\_\_

INFORMATION OF BREEDER / BULLDOG OWNER PARTICIPATING IN STUDY:

NAME \_\_\_\_\_

KENNEL NAME (if applicable) \_\_\_\_\_

DOG'S REGISTERED NAME \_\_\_\_\_

AKC# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DOG / BITCH (circle one)

ADDRESS \_\_\_\_\_

PHONE / FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

AMOUNT PAID FOR THIS PROCEDURE (attach receipt) \_\_\_\_\_

INFORMATION OF VETERINARIAN WHO PERFORMED X-RAY:

NAME \_\_\_\_\_

CLINIC \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE / FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

VETERINARIAN'S COMMENTS \_\_\_\_\_

\_\_\_\_\_

Please send this form for each Bulldog x-rayed, along with a copy of the receipt for the x-ray PLUS a copy of the report from OFA with bar code to:

Allen Breckley  
Bulldog Club of America Charitable Fund  
743 Rowland Ave.  
Camarillo, CA 93010

OR

Robert Cocks  
Bulldog Club of America Charitable Fund  
394 Charbonier Rd.  
Florissant, MO 63031

O.F.A. Control # \_\_\_\_\_

Received By/Date \_\_\_\_\_