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w: dogsnz.org.nz

e: caninehealth@dogsnz.org.nz

Dogs New Zealand Breed Health Liaison

Nomination Form

Who should complete this form?

- Any person wishing to represent their breed(s) in the field of health and welfare.
- Individual breeders/breed owners/club members.
- Evidence of committee/club agreement should be provided by way of signatures at the end of this document, where possible.
- Completed forms should be emailed to caninehealth@dogsnz.org.nz.

What is the terms of reference for the nominated person, if successful?

- The BHL will provide liaison between canine health and welfare officer/committee and club members/ breeders
- The BHL will assist in development of breed specific health/welfare initiatives, for example the ABS, LRLs etc
- The BHL will not make decisions regarding rules or regulations, but rather provide communication supporting CHWC and EC to make decisions.
- The BHL will not physically meet unless determined later. The primary communication will be by email.
- The BHL will notify the CHWC of issues or concerns specific to their breed as soon as possible.
- The BHL will assist the CHWC and EC to be proactive regarding health & welfare concerns in their breed.
- The BHL will be available to members of the same breed as contact points regarding health & welfare concerns.



Section A

To be completed by the applicant

Name	
Dogs NZ Number	
Breed	
Date of application	
Name & Club position held by applicant (if any)	
Signature of applicant	

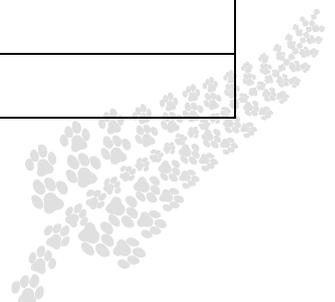
To be completed by the Office

Number of years membership	
ABS member	Yes/ no
Other comment of relevance	

Section B

To be completed by the applicant.

How long have you been involved with the breed to be represented?
How long have you been actively involved in health testing?



<p>Please provide a summary of routine health screening performed on your dog(s)?</p>
<p>Please provide a short comment on your suitability to represent your breed in the field of canine health and welfare</p>
<p>Please provide a short comment on ideas and/or aspirations you may have regarding your breed(s) health and welfare.</p>

Signatories

Name	Position	Signature

