

# IBIZAN HOUND CLUB OF THE UNITED STATES

## Membership Application



A. APPLICANT INFORMATION			
Applicant Name			
Applicant Name (2)			
Street Address			Apartment/Unit #
City	State	ZIP	
Phone	E-mail		
Kennel Name		Website	

B. SPONSORS <i>(a minimum of two (2) sponsors are required - be sure to attach sponsorship forms)</i>
Sponsor # 1
Sponsor # 2
Sponsor # 3
Sponsor # 4

C. Why do you wish to join IHCUS?
Have you ever been suspended from AKC privileges or any dog club?    YES <input type="checkbox"/> NO <input type="checkbox"/>

D. OWNERSHIP – List all of the dogs you previously & currently own or co-own (attach additional pages if necessary)						
Registered Name / AKC #	Year Acquired	Date of Birth	Sex	Breed	Name of Co-Owner(s)	Titles Earned

E. RESCUE FOSTERING
Would you be able to foster a Rescue Ibizan?    YES (Temporarily) <input type="checkbox"/> YES (Permanently) <input type="checkbox"/> NO <input type="checkbox"/>

F. LITTERS – List the litters that you have bred (attach additional pages if necessary)				
Breed	Year Bred	Sire	Dame	# of puppies

List the stud services your dog(s) have provided:

What health tests do you currently do on your adult dogs and puppies?

Are you willing to screen your dog(s) for hereditary genetic problems before breeding?      YES       NO       N/A

Do you agree to allow an inspection of your kennel facilities if requested by the IHCUS Board?      YES       NO       N/A

Do you accept responsibility for any dog of your breeding which comes into a rescue situation?      YES       NO

Do you or have you ever sold or consign dogs to retail or wholesale outlets or other persons supplying them?      YES       NO

G. ACTIVITIES – Which of the following activities interest you?	
Conformation <input type="checkbox"/>	Obedience <input type="checkbox"/> Agility <input type="checkbox"/> Coursing <input type="checkbox"/> Tracking <input type="checkbox"/> Other: _____

H. PARTICIPATION – List the clubs and dog related organizations (breed, performance) to which you belong (present or past – attach additional pages if necessary)	
Club / Organization	Office(s) Held

I. ADDITIONAL COMMENTS

J. DISCLAIMER AND SIGNATURE (my signature below is an acknowledgement of and agreement to the following)	
<input checked="" type="checkbox"/> I certify that my answers are true and complete to the best of my knowledge. <input checked="" type="checkbox"/> If this application leads to membership, I understand that false or misleading information in my application may result in expulsion. <input checked="" type="checkbox"/> I give IHCUS my permission to contact the references listed in this application. <input checked="" type="checkbox"/> I give IHCUS members my permission to review this application. <input checked="" type="checkbox"/> I have read the IHCUS Code of Ethics and agree to abide by them.	
Signature(s)	Date