

Please copy and fill out the form and mail it to the [CHRI Chairperson](#).

Use one form for each dog you wish to submit.

Non-Members please submit your form to [Chip Thompson](#).

CCA Chihuahua Health Related Issues Committee CHIC
Recognition Form

Date: _____

Owner's first name: _____

Owner's last name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Co-Owners: _____

Dog's Registered Name:

Dog's Call Name: _____

AKC #: _____

Dog's CHIC #: _____