

B.A.E.R. Registration Form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Email: _____

Pet's Name: _____ Sex: M F

Breed: _____ DOB/Age: _____ Color: _____

VNC Use: BAER #: _____ Hearing Results: _____ / _____ (Left) (Right) Recorded: _____
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