

LEONBERGER CLUB OF AMERICA

BREEDING ASSESSMENT CHECKLIST (BACL)

Payment received: Yes No

Registered Name of Dog:

Sex: Male Female

FSS/AKC Registration #

CHIC #

Date of Birth:

Foreign Reg. #

Titles:

Check number:

Age at Eval:

Call name:

County of Origin:

Tattoo/Microchip:

List all surgical procedures:

Name of Owner(s):

Preferred Method of Contact:

List all medications:

State:

Examiner's Remarks

<p>SIZE: Height @ withers: in. Height @ hip joint: in. Weight: lbs <input type="checkbox"/> Under height</p> <p>PROPORTION/SUBSTANCE: Rectangle (9:10)? <input type="checkbox"/> Yes <input type="checkbox"/> No If No: <input type="checkbox"/> <9:10 <input type="checkbox"/> >9:10 Balanced? <input type="checkbox"/> Yes <input type="checkbox"/> No If No: <input type="checkbox"/> Stronger Front <input type="checkbox"/> Stronger Rear Chest depth (50:50): <input type="checkbox"/> Yes <input type="checkbox"/> No If No: <input type="checkbox"/> Chest <50% <input type="checkbox"/> Chest >50% <input type="checkbox"/> Leggy <input type="checkbox"/> Stocky <input type="checkbox"/> Lacks Body Bone: <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Too Heavy/Massive</p> <p>HEAD: Depth/width correct? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Masculine <input type="checkbox"/> Feminine <input type="checkbox"/> Refined <input type="checkbox"/> Blocky <input type="checkbox"/> Narrow</p> <p>MUZZLE: Ratio 1:1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>SKIN: Wrinkles? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>CHEEKS: Correct? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>EXPRESSION/MASK: Good-natured expression? <input type="checkbox"/> Yes <input type="checkbox"/> No Mask: <input type="checkbox"/> None <input type="checkbox"/> Broken <input type="checkbox"/> Just Below Eyes <input type="checkbox"/> Above Eyes</p> <p>EYE COLOR: <input type="checkbox"/> No Brown <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark Red in white of eye? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>EYE LIDS: <input type="checkbox"/> Loose <input type="checkbox"/> Slightly-loose <input type="checkbox"/> Close-fitting Entropion? <input type="checkbox"/> Yes <input type="checkbox"/> No Ectropion? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>EYE SIZE & SHAPE: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Round <input type="checkbox"/> Almond <input type="checkbox"/> Triangle</p> <p>EYE SET & SPACING: <input type="checkbox"/> Deep <input type="checkbox"/> Normal <input type="checkbox"/> Protruding <input type="checkbox"/> Close <input type="checkbox"/> Correct <input type="checkbox"/> Wide</p> <p>EAR SET AT ALERT: <input type="checkbox"/> Low <input type="checkbox"/> Level <input type="checkbox"/> High <input type="checkbox"/> Too back <input type="checkbox"/> Correct <input type="checkbox"/> Too forward</p> <p>EARS: <input type="checkbox"/> Short/Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Fleshy <input type="checkbox"/> Triangular <input type="checkbox"/> Pendant <input type="checkbox"/> Close to head <input type="checkbox"/> Flat <input type="checkbox"/> Fold Present <input type="checkbox"/> Open/Rolled</p> <p>SKULL: <input type="checkbox"/> Slightly-Arched <input type="checkbox"/> Domed <input type="checkbox"/> Flat <input type="checkbox"/> Back Skull Slightly Broader <input type="checkbox"/> Boxy <input type="checkbox"/> Triangular</p>	<p>STOP: <input type="checkbox"/> Moderate <input type="checkbox"/> Steep <input type="checkbox"/> Shallow</p> <p>MUZZLE: <input type="checkbox"/> Broad & Even <input type="checkbox"/> Long/Narrow <input type="checkbox"/> Short <input type="checkbox"/> Pointed <input type="checkbox"/> Dipped <input type="checkbox"/> Roman <input type="checkbox"/> Strong Lower Jaw <input type="checkbox"/> Weak/Slight</p> <p>PLANES: <input type="checkbox"/> Parallel <input type="checkbox"/> Not-Parallel</p> <p>NOSE: <input type="checkbox"/> All Black <input type="checkbox"/> Light Nose <input type="checkbox"/> Large Nostrils</p> <p>LIPS & FLEWS: <input type="checkbox"/> All Black <input type="checkbox"/> Mostly Black <input type="checkbox"/> Marbled <input type="checkbox"/> Other <input type="checkbox"/> Close-fitting & Dry <input type="checkbox"/> Slightly Loose <input type="checkbox"/> Loose <input type="checkbox"/> Wet <input type="checkbox"/> Drooling</p> <p>TEETH: <input type="checkbox"/> Irregular Alignment Number of Teeth: <input type="checkbox"/> M3 Missing Other Missing: (list) <input type="checkbox"/> Two or More Missing</p> <p>BITE: <input type="checkbox"/> Scissors <input type="checkbox"/> Level / Pincer <input type="checkbox"/> Overshot <input type="checkbox"/> Undershot <input type="checkbox"/> Wry Mouth</p> <p>NECK: <input type="checkbox"/> Muscular <input type="checkbox"/> Well-set <input type="checkbox"/> Blends Smoothly into Withers <input type="checkbox"/> Short <input type="checkbox"/> Long <input type="checkbox"/> No Dewlap <input type="checkbox"/> Dewlap Present</p> <p>TOPLINE (standing): <input type="checkbox"/> Level <input type="checkbox"/> Roached <input type="checkbox"/> Firm <input type="checkbox"/> Soft <input type="checkbox"/> Sway-Back <input type="checkbox"/> Over-built/Rear High</p> <p>TOPLINE (moving): See GAIT</p> <p>BODY: <input type="checkbox"/> Well-musclcd <input type="checkbox"/> Adequate <input type="checkbox"/> Lack of Tone</p> <p>CHEST: <input type="checkbox"/> Broad/Roomy <input type="checkbox"/> Narrow <input type="checkbox"/> Deep <input type="checkbox"/> Reaches To/Below Elbow <input type="checkbox"/> Doesn't Reach Elbow <input type="checkbox"/> Prosternum Easily Felt</p> <p>RIBS: <input type="checkbox"/> Well-sprung/Oval <input type="checkbox"/> Flat <input type="checkbox"/> Barrel</p> <p>UNDERLINE: <input type="checkbox"/> Almost Horizontal <input type="checkbox"/> Slightly Tucked <input type="checkbox"/> Very Tucked</p> <p>LOIN: <input type="checkbox"/> Broad <input type="checkbox"/> Narrow <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Well-musclcd</p> <p>CROUP: <input type="checkbox"/> Broad <input type="checkbox"/> Relatively Long <input type="checkbox"/> Gently Sloping <input type="checkbox"/> Flows into Tail <input type="checkbox"/> Short <input type="checkbox"/> Level <input type="checkbox"/> Incorrect Tailset</p>
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LEONBERGER CLUB OF AMERICA

TAIL (when relaxed): <input type="checkbox"/> Straight Down <input type="checkbox"/> Tucked <input type="checkbox"/> Reaches Hock or Below <input type="checkbox"/> Kinked
TAIL (in movement): See GAIT
SHOULDER ANGULATION: <input type="checkbox"/> Well Laid Back <input type="checkbox"/> Moderate <input type="checkbox"/> Steep <input type="checkbox"/> Well-muscled Shoulder/Upper Arm Equal: <input type="checkbox"/> Yes <input type="checkbox"/> No
ELBOWS: <input type="checkbox"/> Close to Body <input type="checkbox"/> In at Elbows <input type="checkbox"/> Out at Elbows
FORELEGS: <input type="checkbox"/> Well-boned <input type="checkbox"/> Muscular <input type="checkbox"/> Straight / Parallel <input type="checkbox"/> Other (list)
PASTERNS: <input type="checkbox"/> Strong/Firm <input type="checkbox"/> Weak, Soft or Long <input type="checkbox"/> Dewclaws Present
FRONT FEET: <input type="checkbox"/> Rounded & Tight <input type="checkbox"/> Well-arched <input type="checkbox"/> Toes Out <input type="checkbox"/> Toes In <input type="checkbox"/> Splayed Toes <input type="checkbox"/> Hare Foot <input type="checkbox"/> Black Pads
HINDQUARTERS: <input type="checkbox"/> In Balance with Forequarters <input type="checkbox"/> Powerful <input type="checkbox"/> Muscular <input type="checkbox"/> Lacks Bone <input type="checkbox"/> Lacks Muscle
LEGS (from the rear): <input type="checkbox"/> Straight / Parallel <input type="checkbox"/> Correct <input type="checkbox"/> Turned In <input type="checkbox"/> Turned Out <input type="checkbox"/> Other (list)
STANCE: <input type="checkbox"/> Too Wide <input type="checkbox"/> Correct <input type="checkbox"/> Too Narrow <input type="checkbox"/> Cow-hocked
THIGHS: <input type="checkbox"/> Slanting <input type="checkbox"/> Moderate <input type="checkbox"/> Straight <input type="checkbox"/> Well-muscled <input type="checkbox"/> Lacks Muscle <input type="checkbox"/> Upper & Lower Equal Length <input type="checkbox"/> Upper Longer <input type="checkbox"/> Upper Shorter
STIFLE ANGULATION: <input type="checkbox"/> Clearly Angulated <input type="checkbox"/> Over Angulated <input type="checkbox"/> Straight / Lacks Angulation
HOCKS: <input type="checkbox"/> Correct / Strong <input type="checkbox"/> Weak <input type="checkbox"/> Straight <input type="checkbox"/> Over-angulated <input type="checkbox"/> Popped <input type="checkbox"/> Other (list)
REAR FEET: <input type="checkbox"/> Rounded & Tight <input type="checkbox"/> Well-arched <input type="checkbox"/> Toes Out <input type="checkbox"/> Toes In <input type="checkbox"/> Splayed Toes <input type="checkbox"/> Hare Foot <input type="checkbox"/> Black Pads
COAT: Outercoat: <input type="checkbox"/> Body Shape Recognizable <input type="checkbox"/> Fine <input type="checkbox"/> Med. Soft <input type="checkbox"/> Coarse <input type="checkbox"/> Long <input type="checkbox"/> Medium <input type="checkbox"/> Short <input type="checkbox"/> Flat / Straight <input type="checkbox"/> Parted <input type="checkbox"/> Slight Wave <input type="checkbox"/> Curly / Corded <input type="checkbox"/> Trimmed Coat Undercoat: <input type="checkbox"/> Undercoat Present <input type="checkbox"/> No Undercoat

FEATHERING (forelegs): <input type="checkbox"/> Well-feathered <input type="checkbox"/> Medium <input type="checkbox"/> Lacks Feathering <input type="checkbox"/> Feathering Dominates
FEATHERING (pants): <input type="checkbox"/> Well-feathered <input type="checkbox"/> Medium <input type="checkbox"/> Lacks Feathering <input type="checkbox"/> Feathering Dominates
FEATHERING (ears): <input type="checkbox"/> Well-feathered <input type="checkbox"/> Medium <input type="checkbox"/> Lacks Feathering <input type="checkbox"/> Feathering Dominates
TAIL: <input type="checkbox"/> Well-furnished / Bushy <input type="checkbox"/> Medium-full <input type="checkbox"/> Lacks Fullness
MANE (males only): <input type="checkbox"/> Full / Developed <input type="checkbox"/> Some Mane <input type="checkbox"/> Lacking Mane
COLOR: <input type="checkbox"/> Lion Yellow <input type="checkbox"/> Sand/Cream <input type="checkbox"/> Golden <input type="checkbox"/> Red-Brown <input type="checkbox"/> Black Tips <input type="checkbox"/> <u>Black Dominant</u> <input type="checkbox"/> <u>Other</u> <input type="checkbox"/> White on Toes <input type="checkbox"/> White on Muzzle <input type="checkbox"/> <u>Too Much White on Toes</u> <input type="checkbox"/> <u>Too Much White on Chest</u>
GAIT: <input type="checkbox"/> Even / Balanced <input type="checkbox"/> Lacks Balance <input type="checkbox"/> Powerful / Free <input type="checkbox"/> Lacks Power <input type="checkbox"/> Good Reach <input type="checkbox"/> Lacks Reach <input type="checkbox"/> Strong Drive <input type="checkbox"/> Lacks Drive <input type="checkbox"/> Paces <input type="checkbox"/> Crosses Over <input type="checkbox"/> Crabs <input type="checkbox"/> Parallel Track <input type="checkbox"/> Single Track
TOPLINE (in movement): <input type="checkbox"/> Level <input type="checkbox"/> Roached <input type="checkbox"/> Firm <input type="checkbox"/> Soft <input type="checkbox"/> Sway-Back <input type="checkbox"/> Over-built/Rear High
TAIL (in movement): <input type="checkbox"/> Hangs Down <input type="checkbox"/> Curved Slightly <input type="checkbox"/> Level with Topline <input type="checkbox"/> Carried Up Over Back <input type="checkbox"/> <u>Consistently Curled, Makes Wheel</u>
TESTICLES (males only): Testicles Present: <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> None
TEMPERAMENT: <input type="checkbox"/> Self-assured <input type="checkbox"/> Calm <input type="checkbox"/> Steady <input type="checkbox"/> Playful <input type="checkbox"/> Obedient <input type="checkbox"/> Tolerant <input type="checkbox"/> Smart <input type="checkbox"/> Fearful <input type="checkbox"/> Shy <input type="checkbox"/> <u>Dog Aggressive</u> <input type="checkbox"/> <u>Aggressive Towards People</u>
List of Strengths:
List of Faults:
Other Comments:

BAEL Completed by: Date: Date:
 AND: Location: Location: