



SV-BUNDESSIEGERZUCHTSCHAU/WELTCHAMPIONAT NÜRNBERG 2026

Application for a medical exception

Application for an authorization to start for dogs which are currently under medical treatment, according to the guidelines for doping tests on the occasion of the Bundessiegerzuchtschau/Weltchampionat for German Shepherd Dogs 2026

Data of applicant

Name

First name

Street/Number

Postal code

City

Country

E-Mail

Phone

Mobil

Data of dog

Name

Breed book number

Microchip number

Dog's body weight

Disease pattern of dog (please add medical certificate or veterinary report)

Indented/applied medication

Name of pharmaceutical

Active component

Dosage

Route of administration

Interval

Date of first application

Date of last application

Duration

The application has to be submitted in good time before the event, it must be on file at the SV main office 3 weeks prior to the event at the latest. The properly completed form as well as the proof about the disease pattern can be e-mailed to bsz@schaferhunde.de. The processing fee for the application is 250 €, the fee has to be transferred on the SV account at latest three days after the application was submitted, effective date is the date of payment receipt.

Payment modalities:

Verwendungszweck (reference) „Startfreigabe Dopingkontrolle BSZ“

Stadtsparkasse Augsburg

IBAN DE07 7205 0000 0810 2000 30

BIC AUGSDE77XXX

Alternative payment method:

With PayPal or credit card online: www.schaferhunde.de/service/bezahlsystem

The applicant agrees that his/her personal data is circulated to a competent third party for the purpose of an expert decision or respectively that an expert opinion from him/her can be obtained in the necessary extend. This agreement can be cancelled formless at any time and has to be addressed to widerspruch@schaferhunde.de. This cancellation is only valid for the future, previous data forwarding remains lawful.

When this veterinarian medical exception is granted, it is valid only for the Bundessiegerzuchtschau 2026.

With this I confirm the correctness of my information.

City

Date

Signature