



Club de l'Épagneul Breton of the United States, Inc.

Certificate of Official Conformation Evaluation

It is hereby certified and duly recorded that the purebred Épagneul Breton registered as:

Registered Name: MAXIME Confesseur de la Trinite

UKC Registration Number: R 264-588

was duly examined and evaluated for overall conformation pursuant to the official conformation standard of the Épagneul Breton breed (race). Said Épagneul Breton was confirmed to meet the official conformation standard of the breed (race) and received an overall evaluation of:

Rating: Excellent C-1

Duly examined, evaluated and confirmed on the 7th day of February, 2020

Confirmed By: Auge Francis

[Signature]

Residing in: France

Attest: [Signature]
President

Club de l'Épagneul Breton of the United States, Inc.



Club de l'Épagneul Breton of the United States Conformation Evaluation Form

Date:	4/12/2019	Location:	Lynnville, IA
Owner:	Tom Kuter		
Address:	450 E. 1st Ave., Apt C-303, Normal, IA 51401		
Phone:	(301) 550-1060	Email:	louis@bretonic.com

Dog Information:

Registered Name of Dog:		Maxime Contesau de la Trinite		Age in Months:					
UKC Reg. #	R 264-539	DOB:	10/10/2016	<input checked="" type="radio"/> Male	<input type="radio"/> Female				
Identification: (Tattoo/Microchip)									
Height:	50 cm	Length:	50 cm	Color:	<input checked="" type="radio"/> O/W	<input type="radio"/> B/W	<input type="radio"/> L/W	<input type="radio"/> BlkTri	<input type="radio"/> LiverTri

Commentary:

- fairly model
very good

Partial List Of Serious Faults Which Prohibit Confirmation:

(Expert Confirmateur: please circle any that apply and make appropriate notations)

- Height- (Excessive) or (Inadequate)
- Improper Markings- Specify: _____
- Unacceptable Color- (Self-colored coat w/no white) or (Sable) or (Other-specify _____)
- Improper Pigmentation- Specify: _____
- Bite/Jaws- (Overshot) or (Undershot) _____
- Dentition- (Absence Of Required Teeth) Specify: _____
- Behavior- (Viciousness) or (Extreme Shyness)
- Cryptorchid- (Unilateral) or (Bilateral)
- Any Other Serious Morphological Anomaly (specify) _____
- Other Disqualification (specify) _____

Confirmation:	<input checked="" type="radio"/> YES/Confirmed	<input type="radio"/> REFUSED/Disqualified	<input type="radio"/> Deferred
Comments (required if Refused or Deferred)			

Confirmateur Printed Name:	JF YAILLET
Signature:	

Assisted by Apprentice(s)*:	Doug Ballin
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*Confirmateur, please list only Apprentices who actually assisted in performance of the conformation evaluation and request that they sign to connote participation. White copy to CEB-US, yellow copy to Sponsoring Club (for backup), pink copy to -owner (when fully completed) Copyright 2018 CEB-US