

MASTERS OF FOXHOUNDS ASSOCIATION OF AMERICA
ANNUAL HUNT QUESTIONNAIRE

DATE DUE - JUNE 1, 2016

Listed below is the information we currently have on file for your Hunt. To ensure accuracy, please make any changes where applicable (using a different color ink/font) and return to us no later than June 15th.

Answers to this questionnaire are used to edit annual directories published in Baily's, the Hunt Roster, and in the MFHA Master's and Huntsmen's Directories.

1. NAME OF HUNT (in full): _____

PRIMARY HUNT CONTACT NAME: _____

2. MAILING ADDRESS: _____

(for MFHA Office use)

PUBLICATION ADDRESS: _____

(for use in publications and on the MFHA website)

WEBSITE: _____

3. HUNTING ATTIRE: _____

4. EVENING ATTIRE: _____

5. ACTIVE MASTERS. DO NOT include Honorary, Emeritus or Field Masters in this list. **All active Masters must become members of the Association to be listed in directories.**

_____ YR Elected Full Name _____

Spouses Name _____

Address, town, state & Zip code _____

Home Phone _____ Cell Phone _____

Email _____

_____ YR Elected Full Name _____

Spouses Name _____

Address, town, state & Zip code _____

Home Phone _____ Cell Phone _____

Email _____

In order to avoid misunderstanding with regard to this questionnaire, how many active Masters do you now have?

6. MASTERS OUT OF OFFICE. If there is a Master who was listed in last year's directory but who should not be in this year's directory, please give that person's name and the year he or she left office:

7. HONORARY SECRETARY (Only one secretary will be listed)

Full name _____

Address, town, state, & zip code _____

Home Phone _____ Cell Phone _____

Email _____

8. & 9. HUNTSMAN (MFH, Professional, or Honorary)

Full name _____ MFH___ Professional___ Honorary ___

Spouse's Name: _____

Address, town, state, & zip code _____

Home Phone _____ Cell Phone _____

Email _____

10. WHIPPERS-IN'S (Professional or Honorary) *(use additional sheet of paper if necessary)*

Full name _____ Professional___ Honorary___

Address, town, state, & zip code _____

Home Phone _____ Cell Phone _____

Email _____

11. NAME OF KENNELMAN

Full name _____ Professional___ Honorary___

Address, town, state, & zip code _____

Home Phone _____ Cell Phone _____

Email _____

Please examine replies to questions about your Hunt staff carefully. Are the names LEGIBLE? Is each status, honorary or professional, clear? If the number of whippers-in reported occupies excessive space, it will be shortened.

12. FOXHOUNDS. Report the number of entered COUPLES which you anticipate you will have in your pack this coming season. Answer in couples (a couple is two hounds). Total must be reported.

AMERICAN	_____
PENN-MARYDEL	_____
ENGLISH	_____
CROSSBRED	_____
TOTAL	_____

13. KENNELS. Town, county, state or province where your kennels are located. Be specific but do not give more detail than you wish to have published. This is considered to be the location of your Hunt and will be used to update the MFHA Hunt Map online.

14. TYPE OF HUNTING. (Mark **ALL** that apply)

___ Drag ___ Red Fox ___ Grey Fox ___ Coyote ___ Bobcat ___ Boar ___ Other Prey: _____

15. SEASON. Please give an answer that will be true this season, such as "mid-September" or "early November" rather than "September 5th" or "November 4th": _____

16. DAYS OF MEETS: _____

17. ARE VISITORS PERMITTED TO HUNT? ___ If yes, publication will read: "Visitors permitted to hunt - for details contact the Honorary Secretary." Or, write below the terms under which visitors may hunt:

18. How many times did your hounds go out HUNTING during the last season for the benefit of the field, suitable notice having been previously given? This number should match your fixture cards.

19. What was the average number of persons who hunted with your hounds, exclusive of Master and staff, during the last season _____

20. What was the largest number of persons on any one Hunt, exclusive of any joint meet with another Hunt _____

21. Approximately how many different persons hunted with you last season _____

22. DESCRIPTION OF COUNTRY. Write a short description - mention the area, (in approximate width and length in miles), location by county or region, types of obstacles, distinctive terrain, type of horse most suitable. Your answer is subject to editing and cannot be of abnormal length.

23. HUNT BUTTON. If your button or logo is not satisfactorily reproduced in *Covertside*, send a full size button image to the MFHA office. You may also email an electronic file (preferably JPEG) to office@mfha.com.

These questions are not intended for publication, but are for internal use by the MFHA Office. They concern the internal government and operation of Hunts.

24. NAME OF HUNT _____

25. TYPE OF ORGANIZATION: (Incorporated, Non-incorporated, Private pack) _____

26. HOUNDS ARE THE PROPERTY OF: _____

27. KENNELS ARE THE PROPERTY OF: _____

28. NUMBER OF MEMBERS OR SUBSCRIBERS: _____

29. IS THE HUNT GOVERNED BY A COMMITTEE (OR BOARD) ELECTED BY MEMBERS? _____

IF NOT, HOW IS THE HUNT GOVERNED? _____

30. NAME OF PRESIDENT OR CHAIRMAN:

Full name _____

Address, town, state, & zip code _____

Home Phone _____ Cell Phone _____

Email _____

31. NAME OF TREASURER:

Full name _____

Address, town, state, & zip code _____

Home Phone _____ Cell Phone _____

Email _____

32. DATE OR MONTH OF ANNUAL MEETING: _____

33. WHAT PROCEDURE IS FOLLOWED IN SELECTING A MASTER?

(Elected by members at an annual meeting / Appointed by Committee or Board / Other)

34. DO THE MASTERS HAVE FULL CHARGE OF ALL HUNTING OPERATIONS, such as employing and dismissing Hunt employees, scheduling meets, etc? _____

35. IF NOT, HOW ARE SUCH MATTERS HANDLED? _____

36. LAST NAME OF **MASTER** TO WHOM HUNT FEES SHOULD BE SENT: _____

37. LAST NAME OF **MASTER** IN CHARGE OF FOXHOUND REGISTRATION & FEES: _____

38. LAST NAME OF **MASTER** TO WHOM QUESTIONNAIRE SHOULD BE SENT: _____

SIGNED _____

print if not legible

Capacity _____ Date _____

QUESTIONNAIRE ADDENDUM – 2016

HUNT NAME: _____

1. Does Hunt have liability insurance? _____ Insurance carrier _____

2. Did Hunt have any incidents last season that could have required a claim? ___ Yes ___ No

3. If the Hunt has Professional staff, please answer the following:

a. Do they have Workman's Compensation insurance? ___ Yes ___ No

b. Do they have medical insurance? ___ Yes ___ No

c. Do they have some kind of retirement plan? ___ Yes ___ No

d. Cash salary (**DO NOT** include housing & other perks) Huntsman _____ Whippers-in _____

4. Do you hunt on any public land? (County, State & Federal) ___ Yes ___ No

5. If applicable, mark the Hunt's 501 (non-profit) status: ___(C)3 ___(C)4 ___(C)5 ___(C)6 ___(C)7 ___(C)8 ___(C)9

6. Does Hunt send a membership list and payment to the MFHA for Subscribing Membership? _____

**Note: this is a requirement for all Canadian hunts and new hunts registered after 2009*

If yes, please list point of contact below

Name: _____ Phone: _____

7. Number of female, male, and children hunt members?

___ females ___ males ___ children

8. Number of female, male, and children hunt members who actually ride and hunt?

___ females ___ males ___ children

9. Are there horses available to hire near the Hunt? ___ Yes ___ No

Contact Name: _____ Phone: _____

10. Does the Hunt use any kind of tracking device on hounds? ___ Yes ___ No

GPS ___ Tracking ___ Other _____

11. Does the Hunt test for Leishmaniasis? ___ Yes ___ No

12. Has the Hunt "ever" had a confirmed case of Leishmaniasis? If so, when? _____

13. Does the kennel receive a state or federal inspection? ___ Yes ___ No

14. Has the Hunt made yearly liaisons with the following?

a. Game Warden ___Yes ___No

d. Local Schools ___Yes ___No

b. Animal Control ___Yes ___No

e. County Officials ___Yes ___No

c. Local Sheriff ___Yes ___No

f. Other? _____