



# Certificate of Veterinary Health Examination

Identification Details:		Owner Details	
OTSCA Registered Name:		Owner Name:	
Call Name:1	Date of Birth:		
Reg. Number:	Color:	Address:	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		City:	State: Zip:
Permanent Identification: Microchip <input type="checkbox"/> or Tattoo <input type="checkbox"/>		Contact Phone:	
Permanent ID Number:		Submission Date:	

I hereby declare that the dog submitted for examination is the one described above and that all the given statements are true. I understand that the information obtained by be used for statistical or research purposes without disclosing the identity of the individual dog. I understand that the results for all dogs submitted for registration with the breed club will be released to the public domain and may be published.

**OWNER'S SIGNATURE:** X

## BOTTOM HALF TO BE COMPLETED BY A LICENSED VETERINARIAN

*If more room is needed please attach additional sheet.*

Eyes	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, please describe:
Hearing	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, please describe:
Dental	<input type="checkbox"/> Scissor <input type="checkbox"/> Level <input type="checkbox"/> Overshot <input type="checkbox"/> Undershot <input type="checkbox"/> Other, please describe:
Cardiovascular	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal , please describe:
Genitourinary	Auscultation Abnormalities: <input type="checkbox"/> Absent <input type="checkbox"/> Present Intact <input type="checkbox"/> Spayed or neutered <input type="checkbox"/> Males: testicles normal? <input type="checkbox"/> Yes <input type="checkbox"/> No Females: normal genitalia? <input type="checkbox"/> Yes <input type="checkbox"/> No
Hernias	Inguinal: <input type="checkbox"/> Yes <input type="checkbox"/> No Umbilical non-reducible: : <input type="checkbox"/> Yes <input type="checkbox"/> No Umbilical reducible: <input type="checkbox"/> Yes <input type="checkbox"/> No Evidence of hernia surgery: <input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence of Cosmetic Surgery	: <input type="checkbox"/> Yes <input type="checkbox"/> No
Indication of infection or disease?	: <input type="checkbox"/> Yes <input type="checkbox"/> No
Veterinarian Name (Please Print):	
Name of Practice:	
Address:	City: State: Zip

**I certify that I am a graduate Veterinarian holding a current license to practice in the state of: \_\_\_\_\_ and that I have examined the above described dog, and believe that the above information provided in this application is correct to the best of my knowledge.**

**VETERINARIAN SIGNATURE:-** X \_\_\_\_\_ **DATE:** \_\_\_\_\_