*Old-Time Scotch Collie Association  
PO Box 662  
Ada, OK 74821  
(580) 310-9866*

.Certificate of Veterinary Health Examination

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| **Identification Details:** | | | | | | **Owner Details** | | |
| OTSCA  Registered Name: | | | | | | Owner Name: | | |
| Call Name:1 | | | | Date of  Birth: |  |  | | |
| Reg.  Number: | | Color: | | | | Address: | | |
| Sex: Male 🞎 Female 🞎 | | | | | | City: | State: | Zip: |
| Permanent Identification: Microchip 🞎 or Tattoo 🞎 | | | | | | 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: 🗴** | | | | | | | | |
| BOTTOM HALF TO BE COMPLETED BY A LICENSED VETERINARIAN | | | | | | | | |
| *If more room is needed please attach additional sheet.* | | | | | | | | |
| Eyes | 🞎 Normal  🞎 Abnormal, please describe: | | | | | | | |
| Hearing | 🞎Normal  🞎Abnormal, please describe: | | | | | | | |
| Dental | 🞎 Scissor 🞎Level 🞎Overshot 🞎Undershot  🞎Other, please describe: | | | | | | | |
| Cardiovascular | 🞎Normal  🞎Abnormal , please describe: | | | | | | | |
| Genitourinary | Auscultation Abnormalities: 🞎Absent 🞎Present  Intact 🞎 Spayed or neutered 🞎  Males: testicles normal? 🞎Yes 🞎No  Females: normal genitalia? 🞎Yes 🞎No | | | | | | | |
| Hernias | Inguinal: 🞎Yes 🞎No  Umbilical non-reducible: : 🞎Yes 🞎No  Umbilical reducible: 🞎Yes 🞎No  Evidence of hernia surgery: 🞎Yes 🞎No | | | | | | | |
| Evidence of Cosmetic Surgery | | | : 🞎Yes 🞎No | | | | | |
| Indication of infection or disease? | | | | : 🞎Yes 🞎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:- 🗴\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |