*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 ofBirth: |  |  |
| 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 🞎NoFemales: normal genitalia? 🞎Yes 🞎No |
| Hernias  | Inguinal: 🞎Yes 🞎NoUmbilical non-reducible: : 🞎Yes 🞎NoUmbilical reducible: 🞎Yes 🞎NoEvidence 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:\_\_\_\_\_\_\_\_\_\_\_** |