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

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 ☐ 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: Zip	City: State:

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:**_____