



HEALTH CHECK-UP

DATE OF EXAMINATION : _____
NAME OF THE VETERINARIAN : _____
NAME OF THE OWNER : _____
NAME OF THE DOG : _____
SEXE : _____
DATE OF BIRTH : _____
ALAEU NUMBER : _____
MICROCHIPNUMBER : _____
NAME OF THE MOTHER OF THE DOG : _____
NAME OF THE FATHER OF THE DOG : _____

	YES	NO	REMARKS
Teeth appear normal <small>Under-/overbites are not permitted. Canines must not point into the uppergums.</small>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes appear normal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears appear normal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart appears normal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lungs/Breathing appear normal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anus appears normal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vulva appears normal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Testicles appear normal <small>Both testicles have to be descended.</small>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Signature of the veterinarian

NAME OF THE DOG
MICROCHIPNUMBER

:
:

	YES	NO	REMARKS
Skin/Coat appear normal	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
For breeding dogs the above-mentioned points must all be qualified with a 'yes'			
Inguinal Hernia present	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Umbilical Hernia present	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Tail correct Kinked tail is not permitted. Tail should not curl completely over the back.	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Feet correct Rear dewclaws are a fault.	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Character normal Any signs of aggression or dominance are not desirable.	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>

Signature and stamp of the veterinarian