



ABCA Vet Health Check for Breeding Approval

Note to Breeders: All breeding dogs must have this Health Check conducted prior to any mating – minimum age is 12 months for females and 8 months for males and must be renewed every 2 years.
Please retain 1 copy and send 1 copy to the ABCA Admin Team.

BREEDER DETAILS:

Full Name:			
Breeder Prefix:			
Address:			
Phone:		eMail:	

DOG DETAILS:

Registered Name:			
Microchip no#		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth:		Age at exam:	Colour:

VET EXAMINATION:

Grading system: 1 = MINIMAL 2 = MILD 3 = MODERATE 4 = CAUSE FOR CONCERN 5 = SEVERE

VACCINATIONS:

Are vaccinations up to date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last vaccination:	
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RESPIRATORY:

Any signs of respiratory abnormalities:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grade:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
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HEART:

Any signs of heart abnormalities:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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SKIN: (Example: Demodectic Mange, Allergies, Rash)

Any signs of skin conditions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any history of skin conditions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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EYES: (Example: Distichiasis, Entropion)

Any apparent eye problems:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Upper <input type="checkbox"/> Lower
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Condition:		Grade:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
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HEARING:

Any signs of hearing impairment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clap test performed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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JOINTS:

Any signs of luxating patellas/lameness	<input type="checkbox"/> Yes <input type="checkbox"/> No	TESTICLES: (Male dogs only)	
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Two fully descended testicles:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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HIP/ELBOW SCORES: (Only applicable where dog has been tested and results are presented to Vet at time of Health Check)

Combined hip score:		Left elbow score:		Right elbow score:	
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ADDITIONAL HEALTH COMMENTS:

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SUITABILITY FOR BREEDING: Based on the assessment conducted, is this dog suitable for breeding:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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VET DECLARATION:

This assessment has been conducted to the best of my abilities and is based on the condition, and any test results, presented at the time of assessment. This assessment does not guarantee that the puppy will not present with any health related matter/concern at a later date.

Veterinary Stamp/Signature	Dated
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