



## ABCA Puppy Health Check

Note to Breeders: Please create 3 copies of this document.

One copy retained for your records, one copy provided to the club and one copy is to be provided to puppy buyers.

### BREEDER DETAILS:

Full Name:			
Breeder Prefix:			
Puppy name:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth:		Age at exam:	
Colour:		Markings:	
Microchip no#		<u>Worming:</u> By signing this section the Breeder declares the pup has been wormed every 2 weeks since birth.	SIGNATURE _____

### VET EXAMINATION:

#### General Appearance:

☐ Healthy ☐ Unhealthy ☐ Dehydrated

#### Oral Cavity:

☐ Normal ☐ Abnormal ☐ Cleft palate/lip

#### Cardiovascular:

☐ Normal ☐ Abnormal ☐ Murmur (Grade: \_\_\_\_\_)

#### Respiratory:

☐ Normal ☐ Abnormal

#### Ears/Hearing:

☐ Normal ☐ Abnormal ☐ Clap test performed ☐ Deaf

#### Eyes:

☐ Normal ☐ Abnormal ☐ Cherry eye ☐ Entropion ☐ Distichiasis

#### Neuro/Musculoskeletal:

☐ Normal ☐ Abnormal

#### Skin:

☐ Normal ☐ Rash/Irritation

#### Abdomen:

☐ Normal/Non painful ☐ Abnormal ☐ Umbilical hernia ☐ Inguinal hernia

#### Testicles – male only:

☐ Descended ☐ Undescended ☐ Unilateral (only 1) (Testicles may take up to 6 months to descend)

#### Additional health comments:

### 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 \_\_\_\_\_