

# UNITED PET RECORDS OF CANADA

## (OPTIONAL) HEALTH CERTIFICATION FORM

ANIMAL'S NAME: \_\_\_\_\_

TYPE: \_\_\_\_\_

(IF APPLICABLE) MICROCHIP NUMBER: \_\_\_\_\_ BRAND: \_\_\_\_\_

GENDER: \_\_\_\_\_ COLOR: \_\_\_\_\_

(IF APPLICABLE) UNITED I. D.#: \_\_\_\_\_

### HEART:

FREE OF ANY MURMUR OR OBVIOUS DEFECT. \_\_\_\_\_ (IF MURMUR DETECTED) GRADE. \_\_\_\_\_

### PATELLAS:

FREE OF ANY SERIOUS DEGREE OF PATELLA LUXATION OR DYSPLASIA. \_\_\_\_\_

(IF PATELLA LUXATION IS DETECTED) GRADE. LEFT \_\_\_\_\_ RIGHT \_\_\_\_\_

### EYES:

FREE OF ENTROPIA, JUVENILE CATARACTS, AND ULCERS. \_\_\_\_\_

### BITE:

CORRECT BITE FOR ITS TYPE. \_\_\_\_\_

BIGHT IS LEVEL. \_\_\_\_\_ SCISSORS OVER. \_\_\_\_\_ SCISSORS UNDER. \_\_\_\_\_

MEASUREMENT OF HOW MUCH OVERSHOT. \_\_\_\_\_ MEASUREMENT OF HOW MUCH UNDERSHOT. \_\_\_\_\_

### OFA:

THE ANIMAL LISTED ABOVE APPEARS TO BE FREE OF HIP DYSPLASIA. \_\_\_\_\_

(IF APPLICABLE) I HAVE ATTACHED A COPY OF OFA CERTIFICATION. \_\_\_\_\_

### LIST OF ANY SURGERIES:

NONE OF RECORD. \_\_\_\_\_ INGUINAL HERNIA REPAIR. \_\_\_\_\_ UMBILICAL HERNIA REPAIR. \_\_\_\_\_

OTHER. \_\_\_\_\_

### (FOR MALE ANIMALS)

BOTH TESTICLES ARE IN SCROTEM. \_\_\_\_\_

ONE TESTICLE IS RETAINED. \_\_\_\_\_ BOTH TESTICLES ARE RETAINED. \_\_\_\_\_

THE ANIMAL HAS BEEN NEUTERED. \_\_\_\_\_

### OTHER COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EXAMINING VETERINARIAN'S INFORMATION:

VETERINARIAN'S NAME: \_\_\_\_\_

CLINIC NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVENCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

I CERTIFY THAT THESE WERE MY FINDINGS ON THIS DATE ONLY \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_

\* PLEASE MAIL THIS FORM WITH YOUR APPLICATION AND APPROPRIATE FEES OR A COPY OF THE ANIMAL'S UNITED PET RECORD TO UNITED PET RECORDS, PO BOX 408, WEST PLAINS, MO, 65775-0408

\* THE CERTIFICATIONS RECEIVED WILL BE RECORDED AS PART OF YOUR ANIMALS INFORMATION AND INCLUDED WITH THE SIRE OR DAM INFORMATION OF FUTURE OFFSPRING WHEN LITTERS ARE RECORDED.

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