

VETERINARIAN'S CERTIFICATE FOR REGISTRATION

Jack Russell Terrier Club of Canada

To be completed by a licensed **Veterinarian** within 30 days of registration application.

Instructions for the Veterinarian: Please complete this form in full and sign the backs of the six photographs (front, left side (2x), right side (2x), and rear) provided by the owner. By signing the photographs you are indicating that the Jack Russell Terrier in the photographs is the dog you have examined for this health certificate.

Owner: _____ Terrier's name: _____

Coat Type: Smooth Broken Rough

Coat Colour: White Tan and White Black and White Tri-colour Other: _____

Description of Markings: _____

Name of Veterinarian: _____ License No.: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone:() _____ Fax:() _____ email: _____

The rest of this application must be hand written by attending veterinarian.

1. OPHTHALMIC

Iris Colour: Brown Blue Yellow Other:

Eyes: Normal Abnormal If abnormal, please describe:

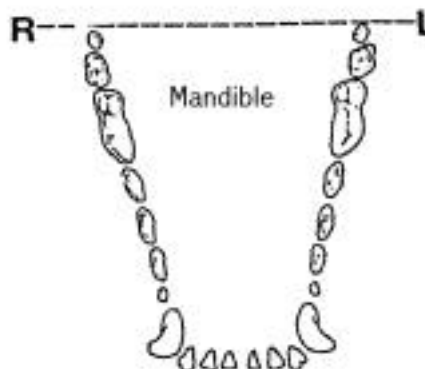
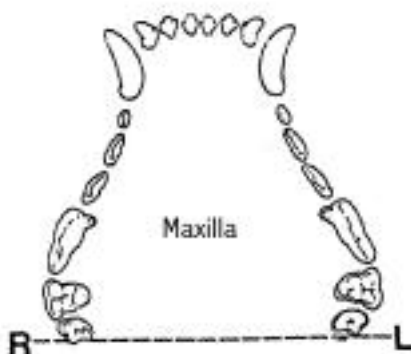
Is vision clinically normal? Yes No If no, please describe:

2. DENTAL



Normal Scissor Bite Level Bite Overshot Mandible Undershot Mandible

Other (ie: missing or broken teeth) Please describe using illustration below.



3. CARDIOVASCULAR AUSCULTATION:

Abnormalities: Absent Present If present, please describe:

4. GENITOURINARY

Spayed or Neutered: Yes No

Males: Testicles (Two normally descended): Absent Present

Females: Abnormalities of Genitalia: Absent Present

If present please explain:

5. HERNIAS

Umbilical, Inguinal, or Other: Absent Present. If present, please describe:

6. ORTHOPAEDIC

Digits Normal (4 digits touching the ground) Abnormal. If abnormal, please describe:

Any clinical evidence of:

Luxating Patella Absent Present If present, please describe:

Legg-Perthes Absent Present If present, please describe:

Please describe any lameness or abnormal gait when the terrier is in motion.

7. MISCELLANEOUS

Any history or clinical evidence of Generalized Demodectic Mange: Yes No

Is there any history or evidence of cosmetic surgery? Yes No

If yes, please describe:

Please describe any scars, tattoos, etc.

Have you seen this dog on a routine basis? Yes No If yes, for how long:

ALL INFORMATION MUST BE COMPLETED FOR APPLICATION TO BE PROCESSED

I certify that I am currently licenced to practice veterinary medicine in the province/state of _____ and that the information provided above is correct.

Veterinarian Signature: _____ Date: _____ (Jan 97)