

Bloodhound Health Assessment Form

Part 1 to be completed by the owner. (All information is Confidential)

Kennel Club Name

D.O.B.

Kennel Club Registration Number

Import Yes/No

Microchip No.

Tick all that apply.

Pet Dog Show Dog Other Canine Activity Please Specify.....

Name and address of owner (optional)

E-Mail:

Phone:

Part 2 to be completed by the Veterinary Surgeon
Please refer to guidance notes before completing.

Dog

Is this dog neutered testes present retained

Bitch

Is this bitch spayed Yes No

Colour. Black/Tan Red Liver/Tan

Signs of dermatitis Yes No

Comments if any: (Location)

Has this Dog sound movement Yes No

Comments if any:

Signs of Ear disorders Yes No

Comments if any:

Are the eyes free from interference from the eyelashes Yes No

Comments if any:

Refer to Ophthalmologist Yes No

Body Condition Under ideal 1 2 3 4

Ideal 5

Over ideal 6 7 8 9

Mouth/Teeth Condition

Comments if any.

Heart Normal Yes No

Comments if any

Do you have any concerns about the dogs temperament Yes No

Comments if any

Has this dog to your knowledge suffered from any of the following:

Bloat Cancer

Comments if any (Bloat or type of cancer etc)

Additional comments:

The above dog shows the physical characteristics as described on the date shown. The above report and its results are not a warranty against any hereditary or acquired condition that may develop in the future. These results are the findings of a basic visual examination.

Signature of Veterinary Surgeon

Veterinary Stamp or contact details.

Date