

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 <input type="checkbox"/>	Bitch <input type="checkbox"/>	Colour. Black/Tan <input type="checkbox"/> Red <input type="checkbox"/> Liver/Tan <input type="checkbox"/>
Is this dog neutered <input type="checkbox"/> testes present <input type="checkbox"/> retained <input type="checkbox"/>	Is this bitch spayed Yes <input type="checkbox"/> No <input type="checkbox"/>	

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 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Ideal 5 <input type="checkbox"/> Over ideal 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	Mouth/Teeth Condition Comments if any.
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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

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Date:

Veterinary Stamp or contact details.