BREEDING STOCK VETERINARY CERTIFICATION FORM

Veterinarian's Name: _____

Clinic Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Total number of canines examined: _____

	Registered Name	Registered Number	Breed	Sex	Eyes—Free of entropia	Dental—Correct bite	Heart—Apparently free of murmur or obvious abnormality
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

I certify that the above examination and results are accurate. _____ ____/____/____

Veterinarian's Signature Date

Gray colored boxes for veterinarian use only.

Mail this form to: American Canine Association, Inc. ● PO Box 121107 ● Clermont, FL 34712