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Canine Veterinary Certificate

OWNER

NAME	BREED	SEX	BIRTH DATE	USE
A				
B				
C				

Veterinarian's Examination

I have examined the above animals and have seen them in motion at the walk or trot.
To the best of my knowledge:

	A	B	C
1. Is there any pulse or respiration problem?.....	_____	_____	_____
2. Is temperature above or below normal?.....	_____	_____	_____
3. Any eye problem?.....	_____	_____	_____
4. Any heart problem (e.g., murmur, etc.)?.....	_____	_____	_____
5. Has any operation been performed?.....	_____	_____	_____
6. Has dog been ill within past 12 months?	_____	_____	_____
7. Any likelihood of future danger to life or limb because of operation or illness?	_____	_____	_____
8. Is there any lameness, unsoundness of limb, or faulty conformation?.....	_____	_____	_____
9. Any past breeding or whelping problems?.....	_____	_____	_____
10. If male, any problems with testicles?	_____	_____	_____
11. Any skin problems?.....	_____	_____	_____
12. Any indications of contagious disease on premises or in area?.....	_____	_____	_____
13. Any other medical facts affecting insurance?.....	_____	_____	_____

Comments _____

VETERINARIAN'S SIGNATURE	DATE
	PHONE