

Medical Examination

Dog's:
 Breed: French Bulldog
 Date of birth:
 Sex: Female Male

I hereby certify that I performed the following examinations on the above described dog.
 The results of these examinations certify the dog's health condition on the date signed below.

Body temperature	<input type="checkbox"/> Normal		
Bone structure:	<input type="checkbox"/> Normal		
Skin:	<input type="checkbox"/> Normal		
Joints - elbow, hip:	<input type="checkbox"/> Normal		
Knee - patella:	<input type="checkbox"/> Normal	Luxation grade:	
Heart	<input type="checkbox"/> Normal	Murmur grade:	
Respiration:	<input type="checkbox"/> Normal		
Eye:	<input type="checkbox"/> Normal		
Hearing:	<input type="checkbox"/> Normal		
Teeth – bite:	<input type="checkbox"/> Correct	<input type="checkbox"/> Under bite	<input type="checkbox"/> Over bite
Sexual characters – testicles:	<input type="checkbox"/> Normal		
Umbilical hernia:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Repaired
Inguinal hernia:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Repaired
Temperament:	<input type="checkbox"/> Reserved	<input type="checkbox"/> Normal	<input type="checkbox"/> Aggressive
State of development:	<input type="checkbox"/> Normal		
Other observations:	<input type="checkbox"/> Normal		

Medical conclusion: The animal is in a good health and fit to travel Yes No

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 Veterinarian's signature

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 date and place
 official stamp, address, tel. or fax