



HEALTH CHECK-UP

NAME OF THE DOG : _____
DATE OF BIRTH : _____
SEXE : _____
MICROCHIPNUMBER : _____
ALAEU NUMBER : _____
NAME OF THE OWNER : _____

DATE OF EXAMINATION : _____
NAME OF THE VET : _____

| | YES | NO | REMARKS |
|--|--------------------------|--------------------------|---------|
| Teeth appear normal - Under-/overbites are not permitted. - Canines must not point into the uppergums. - Missing teeth : consultation with board mandatory | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Eyes appear normal | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Ears appear normal | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Heart appears normal | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Lungs/Breathing appear normal | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Anus appears normal | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Vulva appears normal | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Testicles appear normal Both testicles have to be descended. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Signature of the veterinarian

ALAEU NR. OF THE DOG : _____



| | YES | NO | REMARKS |
|---|--------------------------|--------------------------|-----------|
| Skin/Coat appear normal | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Height at withers/Schofthoogte Minimum 35 cm to maximum 63 cm. | <input type="checkbox"/> | <input type="checkbox"/> | _____ cm. |
| For breeding dogs the above-mentioned points must all be qualified with a 'yes' | | | |
| Inguinal Hernia present | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Umbilical Hernia present | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Tail correct Kinked tail is not permitted. Tail should not curl completely over the back. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Feet correct Rear dewclaws are a fault. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Character normal Any signs of aggression or dominance are not desirable. Signature and stamp of the veterinarian | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Signature of the veterinarian