

STUD HEALTH / HISTORY RECORD

Date

1. OWNER'S Name			
Address		Telephone	(H)
			(W)

2. Registration Body	AKC <input type="checkbox"/>	UKC <input type="checkbox"/>	Other (list name)
	CKC <input type="checkbox"/>	FDSB <input type="checkbox"/>	

3. STUD'S Call Name	Birthdate	Registration #
Registered Name		

4. SIRE'S Registered Name	DAM'S Registered Name
Registration No.	Registration No.

5. Breed	Tattoo No.
Color	Microchip No.

6. Has he had any serious health problems? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what?	When?
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7. BREEDING HISTORY

a. Has he ever been used for a breeding? Yes <input type="checkbox"/> No <input type="checkbox"/>	b. Has he ever sired a litter? Yes <input type="checkbox"/> No <input type="checkbox"/>
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c. BREEDING CHART: COMPLETE THE FOLLOWING FOR EACH BREEDING IN THE PAST 12 MONTHS

Date Bred	Call Name of Bitch Bred To	Whelped	No. of Pups (Live/Dead)		No. Weaned
		Yes No	L	D	
		Yes No	L	D	
		Yes No	L	D	
		Yes No	L	D	
		Yes No	L	D	
		Yes No	L	D	
		Yes No	L	D	
		Yes No	L	D	

VETERINARIAN

