



Veterinary Certificate

FITNESS for PARTICIPATION in IGP EXAMINATION

(Certificate issued may not be older than three months)

Member Club of WUSV: _____

Name of Owner: _____

Residence: _____

Name of Dog: _____

Date of Birth: _____

Gender: Male Female

Chip-/Tattoo-No.: _____

Studbook-No.: _____

Height (cm): _____

Weight (kg): _____

Findings of Physical Examination:

	No findings	Noticeable		No findings	Noticeable
Head/Neck/Sens. Organs	<input type="checkbox"/>	<input type="checkbox"/>	Spine	<input type="checkbox"/>	<input type="checkbox"/>
Heart/Circulation/Vessels	<input type="checkbox"/>	<input type="checkbox"/>	Joints	<input type="checkbox"/>	<input type="checkbox"/>
Lung/Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/>	Muscles/Tendons	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen/Kidneys	<input type="checkbox"/>	<input type="checkbox"/>	Nervous System	<input type="checkbox"/>	<input type="checkbox"/>

HD Results: _____

ED Results: _____

Comments/Details (add report if necessary):

Evaluation:

The animal presented is fit to take part in an IGP examination	Yes	No
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Seal of Veterinary Doctor

Place, Date

Signature of Veterinary

The veterinary doctor mentioned above has been carefully selected by the sending WUSV member club as a medical examiner, and works on behalf of that organization. The sending WUSV club assumes full responsibility for the appropriate selection of the veterinary doctor.

Date

Seal and Signature WUSV-Member Club