

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

