

HEALTH CERTIFICATE FOR REGISTRATION & RECORDING
Jack Russell Terrier Club of Canada

To be completed by **OWNER**.

Owner's Name: _____

Terrier's Name: _____

These tests are recommended but not required for registration / recording.

1. OPHTHALMIC

Has your terrier had eyes examined by a certified ophthalmologist?

Yes

No

(If yes, include copy of certificate.)

2. HEARING

Has your terrier been BAER tested?

Yes

No

(If yes, include copy of certificate.)

3. ORTHOPAEDIC

Has your terrier been x-rayed clear against Legg-Perthes disease?

Yes

No

(If yes, include copy of certificate.)

4. HAEMATOLOGY

Does your terrier have any known blood disorders?

Yes

No

If yes, please describe: _____

Has your terrier been tested for Von Willebrands disease?

Yes

No

(If yes, include copy of results.)

5. Other Testing

6. Microchip

Does the terrier have a pet identification microchip?

Yes

No

If yes, Company and Chip Number: _____

ALL APPLICABLE DOCUMENTATION MUST ACCOMPANY THIS FORM

I certify that the information provided in this application is correct.

Owner's Signature: _____ Date: _____

(Jan2011)