

AUSTRALIAN BULLDOG SOCIETY INC

HEALTH CERTIFICATE

I _____

Do state to the best of my knowledge that the following dog;

Dogs full registered name

Reg no: _____

Does not suffer from and has been vet checked for the following conditions;

Deafness

Heart Murmur

Hip Dysplasia

Elbow Dysplasia

Luxating Patellas

Severe Entropion (rolled in eyelids)

Severe Trichiasis (ingrown eyelashes)

Severe elongated soft palate

Monorchidism (one descending testicle – stud only)

Signed _____

Date ____/____/____

One form per dog please (sire & dam).