

# LITTER HEALTH FORM

This form to be sent to the Registrar within 12 weeks of the birth of the litter.  
The breeder to fill in all fields with the relevant details.

Kennel name: \_\_\_\_\_

Name of Sire: \_\_\_\_\_ Reg No(    )

Name of Dam: \_\_\_\_\_ Reg No (    ) Litter Number (    ).

Mating                      Natural (    )                      Ai (    )

Birth                        Natural (    )                      Caesarian (    )

Number of pups            Live (    )                      Total (    )

Pups fed by mother for (    ) weeks.

Pups released to buyers at (    ) weeks.

Pups wormed at (    ) weeks, (    ) weeks, (    ) weeks

Pups vaccinations at (    ) weeks.

Pups Vet check at (    ) weeks.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Breeder's Name & Address: \_\_\_\_\_  
\_\_\_\_\_