

PUP HEALTH FEEDBACK FORM

This form is to be filled in by the owner of the puppies when they are 12 Months old and returned to the Registrar (contact registrar@australianbulldogsociety.com for address)

Breeder name: _____

Kennel Name: _____

Pup's Name: _____ Reg No. ()

Owners Name: _____

Please list any health issues you have encountered with your Australian Bulldog.
This information will help us with the development of the breeding program

Comments. _____

Signed: _____

Ps. A copy of this form will be sent to the breeder if any problems have been indicated.