

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: _____
