

# Veterinary certificate

Dog     Cat

<b>Application requested by</b>	<input type="checkbox"/> Owner <input type="checkbox"/> Someone else (who)?:	Purpose: <input type="checkbox"/> Insurance <input type="checkbox"/> Sale/transfer new owner
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<b>Owner details</b>	Surname/first name	Insurance number
	Residential address	Country    Postcode

<b>Animal details</b>	Name	Date of birth	Sex <input type="checkbox"/> ♂ <input type="checkbox"/> ♀	Neutered <input type="checkbox"/> ♂ <input type="checkbox"/> ♀
	Breed	ID-/Registration number		
	Colour	Special markings		

<b>Clinical observations</b>	<b>1 General condition</b>	<b>2 Temperament</b>	<b>3 Skin, hair-coat</b>	<b>4 Palpabl lymph nodes</b>	<b>5 Eyes</b>	<b>6 Ears</b>	<b>7 Mouth cavity teeth and throat</b>
	<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Overweight <input type="checkbox"/> Emaciated <input type="checkbox"/> Other	<input type="checkbox"/> Reserved <input type="checkbox"/> Quiet <input type="checkbox"/> Aggressive <input type="checkbox"/> Normal <input type="checkbox"/> Other	<input type="checkbox"/> Normal <input type="checkbox"/> Red <input type="checkbox"/> Rash <input type="checkbox"/> Papules <input type="checkbox"/> Pustules <input type="checkbox"/> Tumours <input type="checkbox"/> Sores <input type="checkbox"/> Hair loss <input type="checkbox"/> Dandruff <input type="checkbox"/> Parasite infestation <input type="checkbox"/> Itching <input type="checkbox"/> Other	<input type="checkbox"/> Generally enlarged <input type="checkbox"/> Local enlarged <input type="checkbox"/> Normal <input type="checkbox"/> Other	<input type="checkbox"/> Conjunctivitis <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Entropion <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Ektropion <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Mucous membranes not normal <input type="checkbox"/> Mucous membranes normal <input type="checkbox"/> Normal <input type="checkbox"/> Other	<input type="checkbox"/> Red <input type="checkbox"/> Otitis <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Swollen <input type="checkbox"/> Exudate <input type="checkbox"/> Normal <input type="checkbox"/> Other	<input type="checkbox"/> Normal <input type="checkbox"/> Calculus <input type="checkbox"/> Fractured tooth/teeth <input type="checkbox"/> Gingivitis <input type="checkbox"/> Stomatitis <input type="checkbox"/> Tonsillitis <input type="checkbox"/> Bite abnormality <input type="checkbox"/> Malocclusion <input type="checkbox"/> Other
	<b>8 Abdominal organs, palpation and rectal examination</b>	<b>9 Circulatory-system</b>	<b>10 Respiratory-system</b>	<b>11 Reproductive-system</b>	<b>12 Musculature, tendons, paws and claws</b>	<b>13 Skeletal system, ligaments, manipulation of joints</b>	
	<input type="checkbox"/> Umbilical hernia <input type="checkbox"/> Tenderness on palpation <input type="checkbox"/> Prostate enlarged <input type="checkbox"/> No rectal examination <input type="checkbox"/> Normal <input type="checkbox"/> Inguinal hernia <input type="checkbox"/> Other	<input type="checkbox"/> Heart murmur <input type="checkbox"/> Signs of heart insufficiency <input type="checkbox"/> Normal <input type="checkbox"/> Other	<input type="checkbox"/> Normal <input type="checkbox"/> Pos cough reflex <input type="checkbox"/> Spontaneous coughing <input type="checkbox"/> Nasal discharge <input type="checkbox"/> Abnormal sounds on auscultation <input type="checkbox"/> Normal breathing <input type="checkbox"/> Abnormal breathing <input type="checkbox"/> Other	<input type="checkbox"/> Normal <input type="checkbox"/> Cryptorchid <input type="checkbox"/> Abnormal testicle size l. r. <input type="checkbox"/> Testicular tumour(s) <input type="checkbox"/> Preputial discharge <input type="checkbox"/> Vaginal discharge <input type="checkbox"/> Mammary tumour(s) <input type="checkbox"/> False pregnancy <input type="checkbox"/> Other	<input type="checkbox"/> Well muscled <input type="checkbox"/> General atrophy <input type="checkbox"/> Local atrophy <input type="checkbox"/> Tenderness in paws <input type="checkbox"/> Claw discomfort <input type="checkbox"/> Lamé <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Pododermatitis <input type="checkbox"/> Furunculosis <input type="checkbox"/> Normal <input type="checkbox"/> Other	<input type="checkbox"/> Discomfort on flexing <input type="checkbox"/> shoulder <input type="checkbox"/> elbow <input type="checkbox"/> knee <input type="checkbox"/> hip <input type="checkbox"/> other joints <input type="checkbox"/> Tenderness on palpation of spine <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Normal  <input type="checkbox"/> Discomfort on stretching <input type="checkbox"/> shoulder <input type="checkbox"/> elbow <input type="checkbox"/> knee <input type="checkbox"/> hip <input type="checkbox"/> other joints <input type="checkbox"/> Patellar luxation <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Kinked <input type="checkbox"/> yes <input type="checkbox"/> no	

**Explanation for the above comments:**

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**Animal currently on medical treatment:**

**To the best of signatory's knowledge, the animal has previously undergone examination/treatment:**

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**By X-ray, ECG, ultrasound, or had a comprehensive eye examination. Results:**

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**General impression/comments**

<b>Signature</b>	Place/date	Veterinary surgeon's signature
	Number	Veterinary surgeon's stamp, clinic address, telephone