

BASIC FRENCH BULLDOG HEALTH REPORT

Dog's Kennel Club Name														
Kennel Club Registration No.										D.O.B				
Microchip No.														
Owner's Name										Email				
Owner's Address														
Dog / Bitch		Neutered/entire				Coat Colour :								
Weight		Body Condition Score		1	2	3	4	5	6	7	8	9		
Heart: Normal on auscultation			Y	N	Comment									
Basic Breathing Assessment														
Breathing : Dog at Rest			Good			Acceptable			Poor:					
Breathing : After 3 mins brisk walk			Good			Acceptable			Poor:					
Weather conditions at time of breathing test			Comments											
Nostril Grade :			1	2	3	4	Comments							
Eyes (if Yes to any condition, please use comment box to provide further details)														
Excessive Tearing		Y	N	Entropion		Y	N	Distichiasis		Y	N			
Eyes of unequal size		Y	N	Ectropion		Y	N	Pannus		Y	N			
Enlarged third eyelid		Y	N	Dry eye		Y	N	Corneal Scarring		Y	N			
Comments :														
Ear canal		Open		Narrow		Closed		Please comment whether present in Left (L) Right (R) or Both (B)						
Hearing Established			Y	N				Recommend BAER test if hearing not established			Y	N		
Skin		Good	Y	N	Inflamed area's		Y	N	Hair Loss/bald patches		Y	N		
Patella Score		Right		Normal		Y	N	Luxating Grade if No		1	2	3	4	
		Left		Normal		Y	N	Luxating Grade if No		1	2	3	4	
Spine		Any palpable abnormality				Y	N	Comment						
Tail		Tail present?			In turned?			Mobile?						
Temperament		Good?			Signs of aggression?				Excessive shyness ?					
Vet's Comments										Veterinary Stamp				
Signature of vet										Date				

The above dog shows the physical characteristics as marked. The assessment and grades are not a guarantee against any hereditary or acquired conditions that may develop in the future. The Basic Breathing Assessment component of this form is for your information only, your dog is not given a breathing grade. It should not be confused with the official Kennel Club Respiratory Function Grading which must be carried out by an approved assessor and is a requirement of the BRONZE level.

Upon completion of your Basic Health Check - Please forward the original form to the Health Scheme Administrator for verification.
 Vanessa Bryant , 34 Somersham, Welwyn Garden City, Herts. AL7 2PZ. Please include ONE Large Letter Stamp for returning your certificate and 4 x 2nd Class stamps to cover the administration costs of the scheme.

Nostril Grading Examples

