

FRENCH BULLDOG HEALTH SCHEME, Repeat/ additional BOAS Test 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							
BOAS (Brachycephalic Obstructive Airway Syndrome)											
		Grade 0			<i>Recommend yearly review if dog is less than 2 years old</i>						
		Grade I			<i>Recommend yearly review if dog is less than 2 years old</i>						
		Grade II			<i>Recommend veterinary management or BOAS surgery</i>						
		Grade III			<i>Recommend referral for BOAS surgery</i>						
Nostrils Grade:	1	2	3	4	Comment						
Vet's Comments							Veterinary Stamp				
Signature of vet							Date				
This form should be used :											
a) For the repeat BOAS examination which is a requirement of the Gold Certification											
b) For the upgrade to the latest version of the Health Scheme (Bronze)											
Please send completed form to Breed Health Co-ordinator Penny Rankine-Parsons, 18 High Street, Robertsbridge, E Sussex. TN32 5AE											

The above dog shows the physical characteristics as marked and are the findings of a basic preliminary examination
The above report is not a guarantee against any hereditary or acquired conditions that may develop in the future