

HEALTH WATCH REPORT FORM

Cairn Terrier Club of Victoria Inc.

Pedigree name of Dog/Bitch: _____ Date of Birth: _____

Sire: _____ Owner: _____

Dam: _____ Phone No.: _____

Name and description of diagnosed medical condition: _____

Age when problem was first noticed, and any other comments: _____

Outcome: _____

All results will be reported annually in a non-indentifying format. However, please indicate if you agree to the following:

I agree to indentifying information being released. (√)

I require confidentiality of all indentifying information.

Signature: _____

LITTER REPORT (Litters tested for Bile Acids only)

Dam: _____ Sire: _____

Owner: _____ Phone no.: _____

Puppies date of birth: _____

(Please attach bile acid test scores.)

Number of puppies in litter: M: _____ F: _____

Number of puppies tested clear: M: _____ F: _____

Number of puppies with High Bile Acids: M: _____ F: _____

Result of further testing, or other outcome:

All results will be reported annually in a non-indentifying format. However, please indicate if you agree to the following:

I agree to indentifying information being released.

I require confidentiality of all indentifying information.

Signature: _____