

THE IRISH WOLFHOUND CLUB OF NSW INC.

Liver Shunt and Microchip Confirmation Form

This section to be completed by Breeder

Breeders Name/s: _____

Prefix: _____

Litter Born on: ____/____/____ **No. of Puppies** _____

Dam Registered Name: _____ Dam Pet/Family name: _____

Sire Registered Name: _____ Sire Pet/Family name: _____

Breeder Signature: _____ Date: _____

Breeder Signature: _____ Date: _____

This section to be completed by Registered Veterinarian

I confirm that all puppies from this litter have been Liver Shunt tested. Please note, actual test results are not required

No. of puppies tested _____

I confirm that all puppies from this litter have been micro chipped: YES / NO

I confirm that all puppies from this litter have been vaccinated: YES / NO

Veterinarian Name: _____

(Please Print)

Veterinarian Signature: _____ **Date:** _____

Veterinary Practice Stamp

Breeder, please return this form within 14 days to

The Secretary,
Irish Wolfhound Club of NSW Inc
18 Drynan Rd
Mt David NSW 2795

Email: steve.vickijohnson1@bigpond.com