

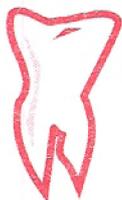
# HEALTH CERTIFICATION FORM

For ACA registered canines

## CANINE'S INFORMATION:

ACA Registered Name: \_\_\_\_\_  
 ACA Registered Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_ Phone#: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## DENTAL CERTIFICATION



I, \_\_\_\_\_, do hereby certify that the above listed canine has a correct bite and no missing teeth.

Examining Veterinarian's Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## EYE CERTIFICATION



I, \_\_\_\_\_, do hereby certify that the above listed canine's eyes are free from entropia.

Examining Veterinarian's Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## HEART CERTIFICATION



I, \_\_\_\_\_, do hereby certify that the above listed canine's heart is apparently free of any heart murmur or obvious defect.

Examining Veterinarian's Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## EXAMINING VETERINARIAN'S INFORMATION:

Veterinarian's Name: \_\_\_\_\_ Phone#: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Department of Agriculture License#: \_\_\_\_\_

**There is no fee required for the ACA to process and permanently record this form.**

PLEASE MAIL THIS FORM TO: **The American Canine Association, Inc.**

PO Box 808

Phoenixville, PA 19460

1-800-651-8332 Fax: 1-800-422-1864

<http://www.ACAinfo.com>

**THYROID CERTIFICATION**

I, \_\_\_\_\_, do hereby certify that the above listed canine has acceptable and normal thyroid levels. I have also attached the laboratory test results.

Examining Veterinarian's Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**VWD CERTIFICATION**

I, \_\_\_\_\_, do hereby certify that the above listed canine has acceptable and normal VWD blood levels. I have also attached the laboratory test results.

Examining Veterinarian's Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**LIVER CERTIFICATION**

I, \_\_\_\_\_, do hereby certify that the above listed canine has acceptable and normal liver functions. I have also attached the laboratory test results.

Examining Veterinarian's Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**KIDNEY CERTIFICATION**

I, \_\_\_\_\_, do hereby certify that the above listed canine has acceptable and normal kidney functions. I have also attached the laboratory test results.

Examining Veterinarian's Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**HIP CERTIFICATION**

I, \_\_\_\_\_, do hereby certify that the above listed canine's hips are free from dysplasia. I have attached the OFA or orthopedic verification report.

Examining Veterinarian's Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**ELBOW CERTIFICATION**

I, \_\_\_\_\_, do hereby certify that the above listed canine's elbows are free from dysplasia. I have attached the OFA or orthopedic verification report.

Examining Veterinarian's Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**KNEE CERTIFICATION**

I, \_\_\_\_\_, do hereby certify that the above listed canine's knees are free from dysplasia. I have attached the OFA or orthopedic verification report.

Examining Veterinarian's Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_