



JACK RUSSELL TERRIER CLUB OF CANADA Veterinary Certificate for Registration

To be completed by a licensed Veterinarian

The terrier must be **one year of age or older** at the time of this examination
To be completed **no later than thirty (30) days** of the JRTCC Registration application

Instructions for the Veterinarian:

- Please complete this form in full.
- Sign and date the six photographs of the terrier provided by the Owner; (left side profile, right side profile, front, and rear). By signing the photographs you are certifying that the Jack Russell Terrier is the same dog/bitch you are examining.

Veterinarian Name _____ License Number: _____

Name of Veterinary Practice: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Website: _____ Email: _____

Phone Number: _____

Owner Name: _____

Name of Terrier: _____ Microchip Number: _____

Date of Birth (mm/dd/year): _____ Dog _____ Bitch _____

Spayed/Neutered Yes _____ No _____

Weight: _____ lbs _____ kg _____

Coat Colour: _____ Nose Colour: _____

Date of Examination (mm/dd/year) _____

Name of Terrier: _____ Vet Initial: _____ Date: _____

Have you seen this terrier on a routine basis? Yes _____ No _____

If yes, for how long? _____

1. OPTHALMIC

Iris Colour: Brown _____ Yellow _____ Blue _____

Other (describe) _____

Eyes: Normal _____ Abnormal _____ (describe) _____

Vision: Normal _____ Abnormal _____ (describe) _____

2. HEARING Normal _____ Abnormal _____ (describe) _____

3. DENTAL

Bite: Scissor _____ Level _____ Overshot _____ Undershot _____

Teeth: All Present, Normal _____ Missing or broken teeth _____

(describe) _____

4. CARDIOVASCULAR AUSCULTATION

Abnormalities Absent _____ Present _____

(If present, describe) _____

5. GENITOURINARY

Dog: Neutered _____

Two (2) testicles normally descended into scrotum _____

Cryptorchid _____

Other (describe) _____

Bitch: Spayed _____

Abnormalities Present _____ Absent _____

If present, describe _____

Name of Terrier: _____ Vet Initial: _____ Date: _____

6. HERNIAS

Umbilical non-reducible: Present ___ Absent ___

Umbilical reducible (open): Present ___ Absent ___

Inguinal: Present ___ Absent ___

Evidence of hernia surgically repaired: Present ___ Absent ___

If present, describe: _____

7. ORTHOPEDIC

Digits: Normal (4 digits touching the ground) _____

Abnormal (describe) _____

Clinical Evidence of Luxating Patella: Present ___ Absent ___

(If present, describe): _____

Clinical Evidence of Legg-Perthes: Present ___ Absent ___

(If present, describe): _____

Gait:

Please describe any lameness or abnormal gait when the terrier is in motion:

not examined in motion _____

8. MISCELLANEOUS

History or evidence of cosmetic surgery: Present ___ Absent ___

(if present, describe): _____

Indication of infection or disease: Present ___ Absent ___

(if present, describe): _____

History or evidence of generalized Demodectic Mange: Present ___ Absent ___

9. ADDITIONAL COMMENTS: any other physical or medical facts that should be brought to attention at this time? No _____ Yes _____ (describe) _____

Name of Terrier: _____ Vet Initial: _____ Date: _____

I certify that I am a Veterinarian, and hold a current license to practice veterinary medicine in the Province/State of _____, and I have examined today the terrier described, and the information provided is correct to the best of my knowledge.

Veterinarian Signature: _____ Date (mm/dd/year): _____

Owner Signature: _____ Date (mm/dd/year): _____

Owner Signature: _____ Date (mm/dd/year): _____

Registrar Signature: _____ Date: (mm/dd/year): _____