

Veterinary Certificate

FITNESS for PARTICIPATION in IGP EXAMINATION

Name of Event: _____

Name of Owner: _____

Name of Dog:			
Date of Birth:			
Chip-/Tattoo-No.:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female not in heat cycle	<input type="checkbox"/> Female in heat cycle

Findings of Physical Examination:

	No findings	Noticeable		No findings	Noticeable
Head/Neck/Sens. Organs	<input type="checkbox"/>	<input type="checkbox"/>	Spine	<input type="checkbox"/>	<input type="checkbox"/>
Heart/Circulation/Vessels	<input type="checkbox"/>	<input type="checkbox"/>	Joints	<input type="checkbox"/>	<input type="checkbox"/>
Lung/Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/>	Muscles/Tendons	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen/Kidneys	<input type="checkbox"/>	<input type="checkbox"/>	Nervous System	<input type="checkbox"/>	<input type="checkbox"/>
Sign of illness or disease	<input type="checkbox"/>	<input type="checkbox"/>	Sign of lameness or stiffness	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Details (add report if necessary):

Evaluation:

The animal presented is fit to take part in an IGP examination	Yes	No
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Name of Veterinary Doctor

Date

Signature