



VETERINARIANS CERTIFICATE

AMERICAN RUSSELL TERRIER CLUB

P.O. Box 31
Nuevo, Ca 92567
530 673 2652

TERRIER'S NAME: _____ AGE: _____ MICROCHIP TYPE _____ # _____

OWNER: _____

ADDRESS: _____

DAYTIME PHONE: _____ DNA PROFILE _____

1. HEIGHT: _____ INCHES (Measure from withers to ground) WEIGHT _____ POUNDS
2. CHEST MEASUREMENT: _____ INCHES (Measure circumference at widest part of chest)
3. LENGTH OF BACK : _____ INCHES (Measure from base of tail to point of withers.)
4. COAT: SMOOTH BROKEN ROUGH

THIS PORTION IS TO BE COMPLETED BY A LICENSED VETERINARIAN

NAME OF VETERINARIAN _____ PHONE _____

ADDRESS: _____ CITY _____

5. TEETH: SCISSORS BITE LEVEL BITE UNDERSHOT OVERSHOT OTHER _____
6. EYES: ANY OBVIOUS ABNORMALITIES _____

EYE TEST YES NO DATE _____ RESULT OR CERF # _____

(Attach a copy of the eye test, if no CERF #)

7. HEARING: ANY OBVIOUS ABNORMALITIES _____

BAER TEST YES NO DATE _____ RESULT OR OFA# _____

(Attach a copy of the BAER test if no OFA#)

8. CARDIOVASCULAR: Heart Murmur YES NO Arrhythmia YES NO

9. TESTICLES: Two normally descended? YES NO (Describe) _____

10. HERNIA: YES NO (Describe) _____

11. LEGS: LUXATING PATELLA YES NO GRADE OF LUXATION 1 2 3 4
OFA # _____

12. FEET: ALL FOUR TOES TOUCHING GROUND? YES NO (Describe) _____

13. SURGICAL SCARS (Describe) _____

14. TEMPERAMENT: (Toward a non-threatening person) AGGRESSIVE SHY NORMAL

15. GENERAL OPINION OF THIS JACK RUSSELL TERRIER: Are there any physical or mental reasons why this dog can not be used as a working dog? YES NO

16. Is there any reason not to use this dog in a breeding program? YES NO Explain _____

SIGNATURE OF EXAMINING VETERINARIAN _____ Date: _____