



# 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: \_\_\_\_\_