

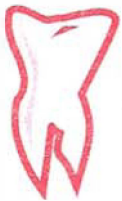
HEALTH CERTIFICATION FORM

For ACA registered canines older than 6 months old

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 entropion.

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 121107
Clermont, FL 34712
1-800-651-8332 Fax: 1-866-217-2845
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: __/__/__