HEALTH CERTIFICATION FORM

For ACA registered canines

CANINE'S INFORMATION:								
ACA Registered Name:								
ACA Registered Number:								
Breed:	Sex: Color:							
Owner's Name: Phone#:(Address:								
							City:	State: Zip Code:
100 PER 100								
~	DENTAL CERTIFICATION							
\ /	I,, do hereby certify that the above listed canine							
(\ \	has a correct bite and no missing teeth.							
W	Examining Veterinarian's Signature Date://_							
4.4	Lamining vetermanan's SignatureDate							
	EYE CERTIFICATION							
	I,, do hereby certify that the above listed canine's							
	eyes are free from entropia.							
	Examining Veterinarian's Signature							
	Examining Vetermarian's Signature							
()	HEART CERTIFICATION							
Y	do hamber applify that the phase listed applies							
I,, do hereby certify that the above listed canine heart is apparently free of any heart murmur or obvious defect.								
	Examining Veterinarian's Signature Date://							
	yeuna contact a country							
EXAMINING VETERINARIAN'S INFORMATION:								
Veterinarian's Name:Phone#:()								
Address:								
City:State: Zip Code:								
Departmen	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: 1-800-422-1864

http://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 the liver functions. I have also attached the laboratory test re	t the above listed canine has acceptable an esults.	d normal			
Examining Veterinarian's Signature	Date://				
KIDNEY CERTIFICATION					
I,, do hereby certify the kidney functions. I have also attached the laboratory test	t the above listed canine has acceptable an results.	d normal			
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 the dysplasia. I have attached the OFA or orthopedic verifications.	t the above listed canine's elbows are free ation report.	from			
Examining Veterinarian's Signature	Date://				
KNEE CERTIFICATION					
I,, do hereby certify that dysplasia. I have attached the OFA or orthopedic verifications.	t the above listed canine's knees are free fration report.	om			
Examining Veterinarian's Signature	Date://				