



Veterinary Certificate FITNESS for PARTICIPATION in IP EXAMINATION

(Certificate issued may not be older than twelve months)

Member Club of WUSV: _____

Name of Owner: _____

Residence: _____

Name of Dog: _____

Date of Birth: _____ Gender: Male Female

Chip-/Tattoo-No.: _____ Studbook-No.: _____

Height (cm): _____ Weight (kg): _____

According to § 10, clause 1, number 2 of the *Animal Protection Regulation for Dogs* it is forbidden to exhibit dogs who for genetic reasons,

- lack body parts or organs required for the species related usage, or which are unfit to use or have been reshaped, and as a consequence cause pain, suffering or damage.
- suffer behavioral disorder,
- suffer pain, avoidable ailment, or damages when in contact with conspecifics, even if in a species appropriate fashion, and/ or the beforementioned causes pain, avoidable ailment or damages for the conspecific involved.

In a veterinary clinical examination, indications for the existence of characteristics according to § 10, clause 1, number 2 of the *Animal Protection Regulation for Dogs* shall be verified for the dog to be tested in this respect. Regardless of the presentation of the examination form, animals with relevant diseases according to § 10, clause 1, number 2 of the *Animal Protection Regulation for Dogs* which have not been diagnosed during the medical examination can be excluded from the event by the veterinary authorities or the event organizer at their own discretion.

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"/>

HD Results: _____ ED Results: _____

Comments/Details (add report if necessary):

Evaluation:

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

Place, Date

Signature of Veterinary

The veterinary doctor mentioned above has been carefully selected by the sending WUSV member club as a medical examiner, and works on behalf of that organization. The sending WUSV club assumes full responsibility for the appropriate selection of the veterinary doctor.

Date

Seal and Signature WUSV-Member Club