

VETERINARIAN CERTIFICATE – HEALTH



Name owner: _____
Address: _____
ZIP code and city: _____
Breeding member of: _____
Membership number: _____
Name of the cat: _____
Date of birth of the cat: _____
Breed: _____
Colour/EMS code: _____
Pedigree number: _____
ID chip number: _____

Preferably, the cat is at least 12 months old at the time of the examination

Only for males Both testicles descended: Yes No

For all breeding cats – General
***According to the standard of the mentioned breed.**

- | | | | |
|--------------------------------------|---|------------------------------|---|
| 1. Umbilical hernia: | <input type="checkbox"/> No <input type="checkbox"/> Yes | 2. Whiskers*: | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| 3. Heart sounds: | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | 4. Ears*: | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| 5. Signs of hearing loss / deafness: | <input type="checkbox"/> No <input type="checkbox"/> Yes | 6. Organs (by palpation): | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| 7. Skin and skin condition: | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | 8. Coat* and coat condition: | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |

Skeleton

- | | | | |
|-----------------------------------|---|-------------------------------|---|
| 9. Skull: | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | 10. Body: | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| 11. Vertebrae: | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | 12. Paws: | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| 13. (Signs of) Patellar Luxation: | <input type="checkbox"/> No <input type="checkbox"/> Yes | 14. (Signs of) Hip Dysplasia: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 15. Poly- / Oligodactylism: | <input type="checkbox"/> No <input type="checkbox"/> Yes | 16. Tail (no kink in tail): | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| 17. Physique* (no dwarfism) | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | | |

Eyes

- | | | | |
|--|---|------------------|---|
| 18. Eyes, size and shape*: | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | 19. Tear stains: | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| 20. Cross-eyed: | <input type="checkbox"/> No <input type="checkbox"/> Yes | 21. Teary eyes: | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| 22. Eyelids (no entropion, ectropion): | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | | |

Nose and respiratory tract

- | | | | |
|-------------------------------|---|----------------------------|---|
| 23. Breathing: | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | 24. Nose, size and shape*: | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| 25. Nostrils, nasal openings: | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | | |

Jaws and teeth

- | | | | |
|----------------------------|---|---------------------------|--|
| 26. Teeth, underbite >2mm: | <input type="checkbox"/> No <input type="checkbox"/> Yes | 27. Teeth, overbite >2mm: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 28. Jaw (no crooked jaw): | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | | |

Any explanation or comments / research and/or test results:

.....
.....
.....

The cat mentioned above is in terms of health in breeding condition: Yes No

Date of examination: _____ Signature of the vet and stamp: _____