

Veterinary Health Certification



Breeder/Owner of the cat

Name: _____ eMail: _____
Address: _____
Phone: _____

Description of the cat

Name: _____
Breed: _____ Sex: _____
Colour: _____ Date of Birth: _____
Chip-No.: _____

General Health of the Cat:

On the date of issue of this certificate of health, I have examined the cat described above and found no obvious signs or symptoms of contagious disease.

<u>Other remarks</u>	Yes	No
Are the feet ok (correct number of toes)?	<input type="checkbox"/>	<input type="checkbox"/>
Is the tail ok (no faults)?	<input type="checkbox"/>	<input type="checkbox"/>
Is the thorax ok (no signs for pectus)?	<input type="checkbox"/>	<input type="checkbox"/>
Are the teeth and gums ok?	<input type="checkbox"/>	<input type="checkbox"/>
Are the joints ok?	<input type="checkbox"/>	<input type="checkbox"/>
Are the eyes and the ears ok?	<input type="checkbox"/>	<input type="checkbox"/>
Is the heart ok?	<input type="checkbox"/>	<input type="checkbox"/>
Is the navel ok?	<input type="checkbox"/>	<input type="checkbox"/>
Is the cat able to hear?	<input type="checkbox"/>	<input type="checkbox"/>
Is the cat in good health?	<input type="checkbox"/>	<input type="checkbox"/>
(Male) Are both testicles present?	<input type="checkbox"/>	<input type="checkbox"/>
By early castration: Has the castration scar healed well?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

If so, which form:

Additional comments:

Date

Signature of Veterinarian