



VETERINARIAN CERTIFICATE HEALTH KITTEN

Name breeder: _____
Address: _____
ZIP and city: _____
Pedigree name: _____
ID chip number: _____
Pedigree number: _____
Date of birth: _____
Breed: _____

Only for males: Both testicles descended: Yes No

Algemeen

- | | | | |
|--------------------------------------|---|-----------------------------|---|
| 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. Poly- / Oligodactylism: | <input type="checkbox"/> Nee <input type="checkbox"/> Ja | 14. Tail (no kink in tail): | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| 15. Physique (no dwarfism) | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | | |

Eyes

- | | | | |
|--|---|------------------|---|
| 16. Eyes, size en shape: | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | 17. Tear stains: | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| 18. Cross-eyed: | <input type="checkbox"/> Nee <input type="checkbox"/> Ja | 19. Teary eyes: | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| 20. Eyelids (no entropion, ectropion): | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | | |

Nose and respiratory tract

- | | | | |
|-------------------------------|---|---------------------------|---|
| 21. Breathing: | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | 22. Nose, size and shape: | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| 23. Nostrils, nasal openings: | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | | |

Kaken en gebit

- | | | | |
|----------------------------|---|---------------------------|--|
| 24. Teeth, underbite >2mm: | <input type="checkbox"/> No <input type="checkbox"/> Yes | 25. Teeth, overbite >2mm: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 26. Jaw (no crooked jaw): | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | | |

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

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The kitten mentioned above is in overall healthy condition: Yes No

Date of examination:

Signature of the vet and stamp: