HEALTH CERTIFICATION FORM

For ACA registered canines older than 6 months old

CANINE'S INFORMATION:					
ACA Registered Name:					
ACA Registered Number: Color: Sex: Color:					
Breed:	Breed: Color:				
Owner's Name: Phone#:(
Address:	Otata and Tim Oracles				
City:	State: Zip Code:				
#20186E-107T					
	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	Examining Veterinarian's SignatureDate				
	EYE CERTIFICATION				
	do houghts contifus that the charge listed coning's				
	I,, do hereby certify that the above listed canine's eyes are free from entropia.				
	Examining Veterinarian's Signature Date://_				
()	HEART CERTIFICATION				
Y					
I,, do hereby certify that the above listed canine's heart is apparently free of any heart murmur or obvious defect.					
	Examining Veterinarian's Signature Date://_				
	ylunes ded a especia				
EXAMINING VETERINARIAN'S INFORMATION:					
Veterinarian's Name:Phone#:()					
Address:					
City:State: Zip Code:					
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: 1-866-217-2845

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 that the above listed canine has acceptable and normal liver functions. I have also attached the laboratory test results.				
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://			