

STUD HEALTH / HISTORY RECORD

Date

1. OWNER'S Name

Address

Telephone

(H)

(W)

2. Registration

AKC

UKC

Other (list name)

Body

CKC

FDSB

3. STUD'S Call Name

Birthdate

Registration #

Registered Name

4. SIRE'S

Registered Name

DAM'S

Registered

Name

Registration No.

Registration No.

5. Breed

Tattoo No.

Color

Microchip No.

6. Has he had any serious health problems?

Yes

No

If yes, what?

When?

7. BREEDING HISTORY

a. Has he ever been used for a breeding? Yes No

b. Has he ever sired a litter? Yes No

c. BREEDING CHART: COMPLETE THE FOLLOWING FOR EACH BREEDING IN THE PAST 12 MONTHS

Date Bred	Call Name of Bitch Bred To	Whelped	No. of Pups (Live/Dead)		No. Weaned
		Yes No	L	D	
		Yes No	L	D	
		Yes No	L	D	
		Yes No	L	D	
		Yes No	L	D	
		Yes No	L	D	
		Yes No	L	D	
		Yes No	L	D	

VETERINARIAN

