



THE FRENCH BULLDOG CLUB OF NSW INC

FRENCH BULLDOG HEALTH PROFILE REPORT FORM

KC Registered NameKC Reg No.....

Microchip No.....DOB.....Sex.....

Name of Owner.....

Address.....Phone ().....

.....State.....Post Code.....Email.....

SIRE	Grand Sire
	Grand Dam
DAM	Grand Sire
	Grand Dam

I hereby declare that :-

- (a) The particulars above are correct and relate to the dog being reported.
- (b) I give permission that the data will be used for statistical purposes only, which may then be published at a later date.
- (c) I understand that this is a research program to improve the health of the French Bulldog in Australia.

Signature of Owner.....

Veterinarian's use only – please complete this section

Diagnosis of dog's condition.....

Date of examination.....Age of dog at time of diagnosis.....

Condition confirmed by the following tests/radiographs etc (please include copies of history, x-ray reports etc where possible).

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Present condition of the Dog (undergoing treatment, condition resolved etc; or dog euthanised.)

.....Date.....

Name of Veterinary Surgeon submitting information on this dog:.....

Address.....Phone().....

Vet signature.....Date.....Email.....

Please return completed form to: The French Bulldog Club of NSW Health Chairperson
Dr Karen Hedberg BVSc
36 Bells Line of Road North Richmond NSW 2754