

# Health certificate for Cairn Terrier



Date:..... ID nr.:.....

Name:.....Born:.....Sex:.....

Owner:.....

Adress:.....

## Results for the health investigation

Normal conditions      Comments

1. Eyes
2. Teeth & bite problems
3. Ears
4. Heart & lungs
5. Skin & haircoat
6. Bone problems
7. Pads & claws
8. Scrotal region
9. Umbilical region
10. Body condition

Normal conditions	Comments

Speciel comments:

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**Veterinary**

**Original are send to the breeder.**

**Copi are send to: Sundhedsudvalget v/ Helle Busk, Bernstorffsvej 131, 2900 Hellerup, DK**

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