

# LAKEVIEW BREEDERS CLINIC

## EYE, HEART, HIPS & ELBOW SCORING

PLEASE WRITE CLEARLY AND USE CAPITAL LETTERS  
PLEASE NOTE YOU MUST BRING YOUR KC REGISTRATION CERTIFICATE ON THE DAY

OWNER: .....

ADDRESS: .....

.....

.....

TELEPHONE NO: .....

MOBILE NO: .....

EMAIL ADDRESS: .....

OWN VET SURGEON: .....

ADDRESS: .....

.....

TELEPHONE NO: .....

### DOG ONE

REGISTERED NAME: .....

REGISTERED NO: .....

BREED: ..... COLOUR: .....

DATE OF BIRTH: ..... SEX: M / F .....

PREVIOUSLY EXAMINED: YES / NO    DATE (if known) .....

PLEASE CIRCLE WHICH EXAMINATIONS ARE REQUIRED:

EYES    HEART    HIPS    ELBOWS    KIDNEYS    UPC    MICROCHIP

### DOG TWO

REGISTERED NAME: .....

REGISTERED NO: .....

BREED: ..... COLOUR: .....

DATE OF BIRTH: ..... SEX: M / F .....

PREVIOUSLY EXAMINED: YES / NO    DATE (if known) .....

PLEASE CIRCLE WHICH EXAMINATIONS ARE REQUIRED:

EYES    HEART    HIPS    ELBOWS    KIDNEYS    UPC    MICROCHIP

**PLEASE USE ANOTHER FORM IF YOU HAVE MORE THAN 2 DOGS REQUIRING TESTING.**

FEEES FOR BVA SCORING MUST BE PAID BY CHEQUE ONLY. OTHER EXAMINATIONS CAN BE PAID USING OTHER METHODS.

