



Health certificate for dog

By request from Thomas Ottesen (owner's name)

I have today examined Ice t (dog's name)

Breed Irish setter DOB _____ Gender Female

Reg.nr. _____ ID-nr: 578077000074326

Colour Red & white Height: 58cm

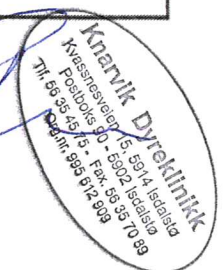
For the purpose of: Buying Sale Insurance Breeding Show Annual examination Other

	OK	Rem		OK	Rem
1. General condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Eyes (vision)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Respiratory organs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Ears (hearing)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Navel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Lymphnodes (superfic.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. External reproductive organs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Mucous membranes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Skeleton	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Bite	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Tail	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Teeth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. Joints	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Position of teeth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Musculature	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			17. Fur	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			18. Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Remarks in littermates, if any:					
Remarks <u>The dog is free from transitional vertebrae (on X-ray)</u>					

Date: 25.09.2017

Place: Isdalstø

Veterinarian: Lars-Fredrik Sæthre



Knarvik Dyreklinikk AS
v/ Lars-Fredrik Sæthre
Tlf: 56 35 45 75

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