DOGS QUEENSLAND

PO BOX 1136, MT OMMANEY QLD 4074
PHONE (07) 3252 2661, FAX (07) 3252 3864
Email: info@dogsqueensland.org.au, Website: www.dogsqueensland.org.au

<u>NATURAL BOBTAIL ASSESSMENT FORM – PART A</u>

Owner's Name _____

Street Address _____

Suburb _____ *State* _____ *Postcode* _____

Home Phone _____ *Mobile* _____

This is to certify that on _____, I examined the litter and have recorded details below:

Name of Dam _____ *Breed* _____

Microchip No. _____

Date of birth of litter _____

Age _____ *days* *No of pups in litter* _____

	Sex	*Colour*	*Tail Length*	*Comments*
Pup One				
Pup Two				
Pup Three				
Pup Four				
Pup Five				
Pup Six				
Pup Seven				
Pup Eight				
Pup Nine				

Additional Comments:

_____

_____

TO BE COMPLETED BY VETERINARIAN AT TIME OF EXAMINATION:

Signed _____ *Date* _____

Name _____

Practice Name _____

Street Address _____

Suburb _____ *State* _____ *Post Code* _____

Phone _____ *Fax* _____

Email _____

<u>NATURAL BOBTAIL ASSESSMENT FORM – PART B</u>

This is to certify that on _____, I again examined this litter and have recorded further details below:

PUP ONE

Animal's Name	_____	*Breed*	_____
Age	_____ weeks	*Sex*	_____
Colour	_____	*Microchip No*	_____
Original Tail Length	_____	*NBT*	☐ YES ☐ NO

PUP TWO

Animal's Name	_____	*Breed*	_____
Age	_____ weeks	*Sex*	_____
Colour	_____	*Microchip No*	_____
Original Tail Length	_____	*NBT*	☐ YES ☐ NO

PUP THREE

Animal's Name	_____	*Breed*	_____
Age	_____ weeks	*Sex*	_____
Colour	_____	*Microchip No*	_____
Original Tail Length	_____	*NBT*	☐ YES ☐ NO

PUP FOUR

Animal's Name	_____	*Breed*	_____
Age	_____ weeks	*Sex*	_____
Colour	_____	*Microchip No*	_____
Original Tail Length	_____	*NBT*	☐ YES ☐ NO

PUP FIVE

Animal's Name	_____	*Breed*	_____
Age	_____ weeks	*Sex*	_____
Colour	_____	*Microchip No*	_____
Original Tail Length	_____	*NBT*	☐ YES ☐ NO

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NATURAL BOBTAIL ASSESSMENT FORM – PART B

PUP SIX

Animal's Name		*Breed*	
Age	weeks	*Sex*	
Colour		*Microchip No*	
Original Tail Length		*NBT*	☐ YES ☐ NO

PUP SEVEN

Animal's Name		*Breed*	
Age	weeks	*Sex*	
Colour		*Microchip No*	
Original Tail Length		*NBT*	☐ YES ☐ NO

PUP EIGHT

Animal's Name		*Breed*	
Age	weeks	*Sex*	
Colour		*Microchip No*	
Original Tail Length		*NBT*	☐ YES ☐ NO

PUP NINE

Animal's Name		*Breed*	
Age	weeks	*Sex*	
Colour		*Microchip No*	
Original Tail Length		*NBT*	☐ YES ☐ NO

TO BE COMPLETED BY VETERINARIAN AT TIME OF EXAMINATION:

Signed	*Date:*	
Name		
Practice Name		
Street Address		
Suburb	*State*	*Postcode*
Phone	*Fax*	
Email		