CCC (Q) t/as DOGS QUEENSLAND

PO BOX 1136, MT OMMANEY QLD 4076 PHONE (07) 3252 2661, FAX (07) 3252 3864



CERTIFICATE OF FITNESS

** Note - This examination must be performed prior to mating the bitch **

Registration Number:			
Name:			
Microchip Number:			
Breed:			
Colour:			
I hereby certify that I examined the good health at the time of this consunext three (3) months.			
Section 2 – Code of Ethics and U	ndertaking		
2.1.(5).iii I shall not breed any bitch kept of without prior veterinary certificat forwarded to the CCC (Q) t/as Dog	tion of fitness for further	breeding. Ti	his certification must be
2.1.(5).iv I shall not breed any bitch kept of mating unless I have a current V the time of breeding. This Certific resulting from this mating. A cur months prior to the mating;	leterinary Certificate statir cate must be presented a	ng that the b t the time of	itch is in good health a registration of the litte
Veterinary Surgeon:			
Surgery:			
Signature:	Date:	/ /20	1