



**VETERINARIAN LITTER HEALTH REPORT**

This form is to be filled out by your attending veterinarian when the litter is between 7 and 8 weeks of age.

**Breeders Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Breeders Address:** \_\_\_\_\_

**Dams Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Reg: #** \_\_\_\_\_

**Dams DNA#:** \_\_\_\_\_ **Dams Hips/Elbows:** \_\_\_\_\_

**Sires Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Reg: #** \_\_\_\_\_

**Sires DNA#:** \_\_\_\_\_ **Sires Hips/Elbows:** \_\_\_\_\_

**Litter DOB:** \_\_\_\_\_ **Natural whelp/C-Section:** \_\_\_\_\_ **# Males:** \_\_\_\_\_ **# Females:** \_\_\_\_\_

**Overall Condition of the litter. Please circle one.    Excellent    Good    Fair    Poor**

Sex M/F	Color	Clear Eyes Y/N	Heart Murmur Y/N	2 Testicles Y/N	Teeth Y/N	Umb.Hernia Y/N	Wt. LBs

**DVM Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clinic:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

Send to: NMBR, 7842 Rt. 36, Coolspring, PA 15730