



ADULT VETERINARY PRE-BREEDING FORM

THIS FORM MUST BE COMPLETELY FILLED OUT BY YOUR VETERINARIAN BEFORE YOU BREED YOUR MALE OR FEMALE.

DOG'S REGISTERED NAME: _____

DOB: _____ REG #: _____ DNA# _____

OWNER'S NAME: _____ PHONE#: _____

ADDRESS: _____

EXAM DATE: _____ HEIGHT: _____ WEIGHT: _____

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

DVM Signature: _____ Date: _____

Clinic: _____ Phone: _____

Additional
Comments: _____

Send to: NMBR, 7842 Rt. 36, Coolspring, PA. 15730 CO Judy Vaneman, Registrar