

VETERINARY EXAMINATION REPORT

Name of Dor	nkey:	
Registration no:		Brands/Microchip:
Age:	Height:	Colour:
Name of Ow	ner:	
Address of O)wner:	
The above a	nimal is to be used for I	preeding - therefore attention should be paid to the following:
-	et	and normal?) derbite mm
Action at a w	~	y defects?
Comments:		
Signature of	examining Veterinarian	າ:
Printed name	e of Veterinarian:	
Date:		

Please return to: DABSA Registrar Lot 6 Inverary Road Paddy's River, NSW 2577