

# FORM

## POMSKY HEALTH AND MORPHOLOGY EXAMINATION



Name of dog  Date of birth  Chip or tattoo number

Sex  Male  Female Weight  Size  Coat colour

Owner's name  Name of Veterinarian  Date of examination

### 1. General state of health :

Normal      Abnormal

Condition of skin and coat

Specify : \_\_\_\_\_

light      Red      Presence of secretions      Other

The eyes

Specify : \_\_\_\_\_

Clean      Cerumen      Smell      Other

The ears

Specify : \_\_\_\_\_

Healthy teeth      Tartar      Gingivitis      Other

Mouth and teeth

Specify : \_\_\_\_\_

Normal      Abnormal

Locomotor system (joints, gait)

Specify : \_\_\_\_\_

Normal      Abnormal

 Respiratory system  
 (ear and chest)



Specify : \_\_\_\_\_

Normal      Abnormal

 Cardiac system  
 (listening to the heart)



Specify : \_\_\_\_\_

## 2. Morphological assessment

In scissors      Other

Teething



Specify : \_\_\_\_\_

 Well-  
proportioned      Too thin      Overweight

Body




 Correct  
range      Abnormal

tail



Specify : \_\_\_\_\_

 Rights and  
parallels      Abnormal

Forelimbs



Specify : \_\_\_\_\_

 Rights and  
parallels      Abnormal

Hind limbs



Specify : \_\_\_\_\_

Two descended testicles    Monorchidism    Cryptorchidism    Other

Testicles  
(for males)

Specify : \_\_\_\_\_

### 3. Conclusion and recommendations

Excellent    Good    Satisfactory    Bad

General state  
of health

Specify : \_\_\_\_\_

Veterinary recommendations

(Specify if additional examinations or treatments are necessary)

### 4. Fitness for breeding

Yes

No

Is the dog fit for reproduction?

If no, please specify : \_\_\_\_\_

### 5. Veterinarian's certificate

I, the undersigned, Dr \_\_\_\_\_, certify that I have examined the dog \_\_\_\_\_ belonging to \_\_\_\_\_ and certify that the the above information is correct.

**Signature, date and stamp**