



Hon. Secretary: Miss Margaret Cowie
 9 Rokeby Avenue,
 Lemington,
 Newcastle-Upon-Tyne,
 NE15 8AE

THE NORTHERN PUG DOG CLUB HEALTH ASSESSMENT FORM

For Pugs aged 12 months and over.

KENNEL CLUB REGISTERED NAME								
KENNEL CLUB REGISTRATION NUMBER						D.O.B.		
MICROCHIP NUMBER								
OWNER'S NAME								
OWNER'S ADDRESS								
OWNER'S EMAIL ADDRESS								
<input type="checkbox"/> DOG	<input type="checkbox"/> BITCH	<input type="checkbox"/> NEUTERED	<input type="checkbox"/> ENTIRE	WEIGHT	KG	COAT COLOUR		
BODY CONDITION SCORE		<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
HEART: NORMAL ON AUSCULTATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO	COMMENT				
MOUTH/DENTITION CONCERNS		<input type="checkbox"/> YES	<input type="checkbox"/> NO	COMMENT				
MOVEMENT		<input type="checkbox"/> SOUND	<input type="checkbox"/> LAME	COMMENT				
TEMPERAMENT		<input type="checkbox"/> GOOD	<input type="checkbox"/> EXCESSIVE SHYNESS	<input type="checkbox"/> SIGNS OF AGGRESSION				
A	RESPIRATORY FUNCTION	GRADE 0, 1, 2, 3 or 4 (SEE GUIDANCE NOTES)						
NOSTRILS		RESPIRATORY NOISE		NASAL FOLD				
INSPIRATORY EFFORT		DYSPNOEA		EVIDENCE OF SURGERY				
COMMENTS								
		TOTAL SCORE						
B	EYES	GRADE: 0 – NAD, 1 – MILDLY AFFECTED, 2 – MODERATELY AFFECTED, 3 – SEVERELY AFFECTED						
		R	L	R	L			
EXCESSIVE TEARING				ECTROPION				
PIGMENT ON CORNEAS				ENTROPION				
DRY EYE				PROTRUSION		TOTAL SCORE		
COMMENTS/CONCERNS/AFFECTED BY NASAL FOLD/RECOMMENDATIONS								
C	SKIN	GRADE: 0 – NAD, 1 – MILDLY AFFECTED, 2 – MODERATELY AFFECTED, 3 – SEVERELY AFFECTED						
		INFLAMED AREAS	HAIR LOSS	FEET	FRONT L	INFLAMED AREAS	HAIR LOSS	
TORSO								
NASAL FOLD					FRONT R			
HEAD					HOCK L			
UNDERNEATH TAIL					HOCK R			
COMMENTS/SIGNS OF INFECTION								
		TOTAL SCORE						
D	EARS	GRADE: 0 – OPEN, 1 – MILDLY STENOTIC, 2 – MODERATELY STENOTIC, 3 – SEVERELY STENOTIC						
		R	L	R	L			
EAR CANAL				OTITIS EXTERNA	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
COMMENTS								
E	PATELLA	GRADE: 0, 1, 2, 3 OR 4 – PUTNAM SCORE (SEE GUIDANCE NOTES)						
		R	L	COMMENTS				
PATELLA						TOTAL SCORE		
VET NAME								
SIGNATURE						DATE		
VETERINARY STAMP						TOTAL SCORE (A+B+C+D+E)		
						/115		

DISCLAIMER: The above dog, shows physical characteristics as marked and these are the findings of a basic preliminary examination. The above report is NOT a guarantee against any acquired condition, that may develop in the future.

OWNER'S DECLARATION: I hereby declare that all information given is correct. I consent to, my personal details being published on the Northern Pug Dog Club website, and to be used by the Pug breed health co-ordinator for statistical purposes for the Pug breed. I agree to my details being held under the Data Protection Act 1988.

SIGNATURE: _____ **DATE:** _____

(ORIGINAL TO BE RETAINED BY THE NORTHERN PUG DOG CLUB – COPY TO BE GIVEN TO THE OWNER – COPY TO BE GIVEN TO THE VET IF REQUIRED)