

REGISTERED NAME: _____ **CALL NAME:** _____
HSDA REGISTERED NUMBER: _____
DOB: _____
MICROCHIP NUMBER: _____
SIRE REGISTERED NAME: _____ **SIRE HSDA NO.** _____
DAM REGISTERED NAME _____ **DAM HSDA NO.** _____

<u>TEST TO BE PERFORMED:</u>	<u>APPROXIMATE AGE TESTING SHOULD BE DONE</u>	<u>DATE TEST COMPLETED</u>	<u>DATE RESULTS SENT IN</u>	<u>DATE CERTIFICATE RECEIVED BACK</u>
BAER TESTING	DONE AT ANY TIME	_____	_____	_____
CERF (EXTRA LINES FOR REPEAT CERF'S)	DONE AT ANY TIME AS LONG AS IT IS W/IN 1 YEAR OF REQUESTING CERTIFICATION AND THEN EVERY 2 YEARS THEREAFTER	_____	_____	_____
CARDIAC	CERTIFIED NORMAL BY VET AT 8 WEEKS OF AGE OR OLDER	_____	_____	_____
PATELLA	CERTIFIED NORMAL BY VET AT 8 WEEKS OF AGE OR OLDER	_____	_____	_____
HIPS	OVER AGE OF 12 MONTHS OR OLDER (MUST CHECK BOX ON OFA FORM FOR RELEASE)	_____	_____	_____
OFA CARDIAC (RECOMMENDED)	12 MONTHS OR OLDER	_____	_____	_____
OFA PATELLA (RECOMMENDED)	12 MONTHS OR OLDER	_____	_____	_____
OFA ELBOWS	OVER AGE OF 12 MONTHS (OPTIONAL FOR BREEDER)	_____	_____	_____

PAGE 2 - HEALTH TESTING INFORMATION

REGISTERED NAME: _____ CALL NAME: _____

HSDA REGISTERED NUMBER: _____

OFA LEGG-CALVE-PERTHES
OVER AGE OF 12 MONTHS
(OPTIONAL FOR BREEDER) _____

CBC (COMPLETE BLOOD COUNT)
OVER AGE OF 12 MONTHS
(OPTIONAL FOR BREEDER) _____

SOAPED PHOTOS ...
(FRONT/SIDE/REAR) _____

DNA TESTING:

REQUIRED:

DNA PROFILE (THRU MMI GENOMICS
OR VET GEN) _____

CHIC DNA REPOSITORY _____

OPTIONAL:

CHROMAGENE - CURLY
CHROMAGENE - FURNISHINGS
(BOTH THRU VET GEN) _____

CHIC NUMBER RECEIVED & DATE : _____

REQUIRED CERTIFICATION ITEMS
SENT IN TO HSDAA ON DATE : _____