

**HEALTH CERTIFICATE FOR REGISTRATION & RECORDING**  
**Jack Russell Terrier Club of Canada**

To be completed by **OWNER**.

Owner's Name: \_\_\_\_\_

Terrier's Name: \_\_\_\_\_

**These tests are recommended but not required for registration / recording.**

**1. OPHTHALMIC**

Has your terrier had eyes examined by a certified ophthalmologist?

Yes

No

(If yes, include copy of certificate.)

**2. HEARING**

Has your terrier been BAER tested?

Yes

No

(If yes, include copy of certificate.)

**3. ORTHOPAEDIC**

Has your terrier been x-rayed clear against Legg-Perthes disease?

Yes

No

(If yes, include copy of certificate.)

**4. HAEMATOLOGY**

Does your terrier have any known blood disorders?

Yes

No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Has your terrier been tested for Von Willebrands disease?

Yes

No

(If yes, include copy of results.)

**5. Other Testing**

\_\_\_\_\_  
\_\_\_\_\_

**6. Microchip**

Does the terrier have a pet identification microchip?

Yes

No

If yes, Company and Chip Number: \_\_\_\_\_

**ALL APPLICABLE DOCUMENTATION MUST ACCOMPANY THIS FORM**

I certify that the information provided in this application is correct.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Jan2011)