

Health certificate for cat

By request from _____ (owner's name)

I have today examined _____ (cat's name)

Breed _____ DOB _____ Sex _____

Reg.nr. _____ ID-nr: _____

Colour _____

For the purpose of: Buying Selling¹ Insurance Breeding² Show Annual examination Other

	OK	Rem		OK	Rem
1. General condition	<input type="checkbox"/>	<input type="checkbox"/>	10. Heart	<input type="checkbox"/>	<input type="checkbox"/>
2. Whiskers	<input type="checkbox"/>	<input type="checkbox"/>	11. Respir. tract	<input type="checkbox"/>	<input type="checkbox"/>
3. Eyes (visus)	<input type="checkbox"/>	<input type="checkbox"/>	12. Navel	<input type="checkbox"/>	<input type="checkbox"/>
4. Ears (hearing) (Note! Solid white cats)	<input type="checkbox"/>	<input type="checkbox"/>	13. External sex organs	<input type="checkbox"/>	<input type="checkbox"/>
5. Lymphatic nodes (superfic.)	<input type="checkbox"/>	<input type="checkbox"/>	14. Skeleton	<input type="checkbox"/>	<input type="checkbox"/>
6. Mucous membranes	<input type="checkbox"/>	<input type="checkbox"/>	15. Tail	<input type="checkbox"/>	<input type="checkbox"/>
			16. Joints	<input type="checkbox"/>	<input type="checkbox"/>
7. Bite	<input type="checkbox"/>	<input type="checkbox"/>	17. Musculature	<input type="checkbox"/>	<input type="checkbox"/>
8. Teeth	<input type="checkbox"/>	<input type="checkbox"/>	18. Fur	<input type="checkbox"/>	<input type="checkbox"/>
9. Position of teeth	<input type="checkbox"/>	<input type="checkbox"/>	19. Skin	<input type="checkbox"/>	<input type="checkbox"/>
Remarks in littermates, if any:					
Remarks: <input type="checkbox"/> The cat is > 10 weeks old and can change homes					

Date:

Place:

Veterinarian:

¹Health certificate must not be older than 2 months when cat changes owners.

²Health certificate must not be older than 6 months when registering the cat's first litter..