

# NATIONAL SHILOH BREEDERS REGISTRY VETERINARIAN LITTER CHECK FORM

This form is to be filled out by your attending veterinarian when the litter is between 7 and 8 weeks of age. Print additional forms if necessary.

**Breeder's Name:** \_\_\_\_\_ **Exam Date:** \_\_\_\_\_

**Dam's Name:** \_\_\_\_\_ **Reg: #** \_\_\_\_\_ **Litter DOB:** \_\_\_\_\_

**Overall Condition of the litter. Please circle one.    Excellent    Good    Fair    Poor**

**D.V.M Signature:** \_\_\_\_\_ **Clinic:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Additional D.V.M. comments :** \_\_\_\_\_

I.D. COLOR	SEX M/F ?	EYES CLEAR Y/N ?	HEART MURMUR Y/N ? GRADE ?	TESTICLES-BOTH NORMAL Y/N ?	BITE NORMAL Y/N ?	UMBILICAL HERNIA Y/N?	WEIGHT IN LBS.	COMMENTS