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| **SEX** | **COLOUR** | **DATE OF BIRTH (DD/MM/YYYY)** | **SIRE** | **DAM** | **REGISTERD NAME** |
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|  | **MICROCHIP STICKER**  **NAME OF VETERINARIAN**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **SIGNATURE OF VETERINARIAN**  **DATE\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**  **PRACTICE STAMP** |

**WRITTEN DESCRIPTION OF MARKINGS:**

**HEAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **LEFT FORE** |  |  | **BODY / WHORLS** |
|  |
| **RIGHT FORE** |  |  |  |
|  |
| **LEFT HIND** |  |  |  |
|  |
| **RIGHT HIND** |  |  |  |
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**ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­