

General Health Certificate

Information about the Australian Labradoodle

Full name of the dog: **Shaggy Hearts Gentle Nala**

Microchip: **941 000 025 004 571**

DNA profile: **VHL_ID H447028**

Date of birth: **06/03/2021**

Sex: **F**

Information about the owner/breeder

Full name of the kennel: **Shaggy Hearts Australian Labradoodle**

Owner name: **Lucie Kucerova**

Coowner name: **Ela Kucerova**

The owner declares that all the information given in this document is correct.

City **RICANY**

Date **8.8. 2023**

**SHAGGY HEARTS
AUSTRALIAN LABRADOODLE**
Signature **Lucie Kučerová**
Kryšpínova 572/14, Praha
IČ: 72450843

General health examination of the dog

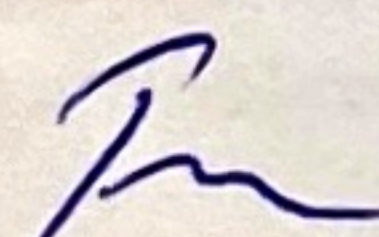
☐ Cardiovascular system ☐ Respiratory system ☐ Skin ☐ Eyes ☐ Ears ☐ Alimentary system ☐ Teeth ☐ Nerve system ☐ Locomotion system ☐ Genital system

This clinical examination has been carried out by the own vet where the dog gets its vaccinations and normal medical treatments. By his signature, the vet declares that the dog mentioned in the form does not get his attention in relation to one of the above-mentioned fields of examination.

The vet has to fill in, sign, and stamp one of the underneath boxes

The vet declares that after this clinical examination there is no indication to advise the breeder not to use the dog for breeding purposes.

Name of the veterinarian **MVDr. Václav Trnka** Date

Signature 

Stamp of the praxis

MVDr. Václav Trnka
Tel: 774 495 846
KVL: 6424
email: elzaricany@gmail.com



The vet declares that after this clinical examination there is a serious indication to advise the breeder not to use the dog for breeding purposes.

Name of the veterinarian

Date

Signature

Stamp of the praxis

Because of the findings in this clinical examination, the vet declares that the dog needs further examination in relation to and he advises to postpone a mating until this special examination has been carried out (after the above-mentioned examination the dog will need a renewed health certificate in order to be used as a breeding dog).

Name of the veterinarian

Date

Signature

Stamp of the praxis