

## Hips and Elbows 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**

### Information about the X-rays taken of the above-mentioned dog

The original X-Rays (or copy of the digital X-Rays) have to be in possession of the breeder at all times.

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

City **ŘÍČANY**

Date **8.8.2023**

Signature

**SHAGGY HEARTS  
AUSTRALIAN LABRADOODLE**

Lucie Kučerová  
Kryšpínova 572/14, Praha  
IČ: 72450843

### The vet has to fill in, sign, and stamp one of the appropriate boxes below

The vet declares that he has checked the identity of the above-mentioned dog and that after evaluating the X-rays he concludes that there is **no indication** to advise the breeder **not to use** the dog for breeding purposes.

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

Type of sedation

**IV. sedation + butoridor + propofol**

Signature

*Trnka*

Date and stamp of the praxis

**8.8.2023**

MVDr. Václav Trnka

Tel: 774 495 846

KVL: 6424

email: elzaricany@gmail.com



The vet declares that he has checked the identity of the above-mentioned dog and that after evaluating the X-rays he concludes that there is an **indication** to advise the breeder **not to use** the dog for breeding purposes.

Name of the veterinarian

Type of sedation

Signature

Date and stamp of the praxis

The vet declares that he has checked the identity of the above-mentioned dog and that after evaluating the X-rays he advises to get additional examinations and advises the breeder to postpone a mating.

NB. After these additional examinations, the dog needs a new Hips and Elbow Certificate in order to use the above-mentioned dog for breeding purposes.

Name of the veterinarian

Type of sedation

Signature

Date and stamp of the praxis