

BTCA Health Examination Form

The following Form is to be completed by your regular Veterinarian in conjunction with a physical exam.
The dog must be a minimum of 1 year of age.

AKC Registered Name of Dog: _____
Call Name: _____ Color: _____
AKC Registration #: _____ Date of Birth: _____
Permanent ID #: _____ (Circle one: Microchip, Tattoo or DNA)
Owners Name: _____
Address: _____
City: _____ State: _____ Zip: _____

HEALTH EXAM TO BE PERFORMED BY YOUR VETERINARIAN:

Patella's: Examination showed sound Patella's and the OFA Certification Application forms have been completed according to OFA instructions given to owner. _____ PASS _____ FAIL

Airway Patency: (Failure could be exhibition of cyanosis or distress due to stress of the examination, history of fainting or inability to tolerate heat or humidity, stenotic nares causing mouth breathing, excessive congestion in the throat indicative of elongated palate, history of exercise intolerance. Previous corrective surgery for enlarging nares or shortening palate): _____ PASS _____ FAIL

GENERAL HEALTH: Please check if known to exist:

_____ Deafness in 1 or both ears	_____ Open Fontanel
_____ Addison's Disease	_____ Cushing's Disease
_____ Hypothyroidism	_____ Cancer
_____ Inverted Tail	_____ Heart Defect
_____ Hip Dysplasia	_____ Inguinal Hernia
_____ Cardiomyopathy	_____ Symptoms of distress indicating Hemivertebra

Any item checked above will be considered a failure of this exam. _____ PASS _____ FAIL

REPRODUCTIVE: Un-descended testicle for a male constitutes a failure: _____ PASS _____ FAIL

SEIZURE HISTORY: All seizures not known to be caused by trauma, anesthesia or other drugs would constitute a failure. _____ PASS _____ FAIL

DEMODEX HISTORY: Localized Demodex not requiring Treatment is acceptable. Generalized Demodex requiring medical treatment would constitute failure. _____ PASS _____ FAIL

ALLERGIES: Allergies which cause severe distress or require continuous treatment. _____ PASS _____ FAIL

I, _____, certify that I have examined this dog on (Date) _____ and believe him/her to be basically sound and free of disease of probable hereditary origin. I believe this dog is a good candidate for breeding.

Signature of Veterinarian: _____ State License # _____
Name of Clinic: _____
Address: _____ State: _____
ZIP: _____ Phone # : _____

By submitting this application I state that I am a member in good standing with the Boston Terrier Club of America and comply with the BTCA Code Of Ethics. And that this dog complies with the current AKC Breed Standard for Boston Terriers. SIGNATURE: _____

E-mail address: _____ "This form supercedes any other form, rule or regulation previously posted. Each Certificate is good for one year from the date of issue."

BTCA Health Examination Form Instructions

The following documentation should be sent along with this application:

Silver Certification:

To receive your Silver Health Certificate you must submit for each dog:

- 1.) The **original** completed Health Examination Form signed by your Veterinarian.
- 2.) A photo copy of the CERF and Patella Certificate showing number and CERF Date issued.
- 3.) **OR a photo copy of the Certification information from the OFA Web Site.**

Gold Certification:

In addition to the items needed for the Silver Certificate please send a photocopy of the OFA BAER Certificate. **OR a photo copy of the Certification information from the OFA Web Site.**

Reference Information:

The BAER test only needs to be performed once in a dog's life sometime after he or she is 35 days of age.

CERF recommends having their exam performed annually with the first test being performed anytime after the puppy is 8 weeks of age.

Your dog must be permanently identified by Microchip, Tattoo or DNA prior to this test to have the results recorded by OFA.

Patella Examination can be performed on any dog that has reached 1 year of age and results can be recorded with OFA at that time. Exams performed before one year of age will be treated as a Consultation and no number will be issued by OFA. OFA recommends having this exam performed bi-annually.

To apply for your BTCA Health Certificate please complete the preceding application (Page 1). Send that completed page and attach the appropriate documentation to it for the level of Certificate you are applying for.

Please mail page 1 and all documentation to me prior to the deadline of **Feb 15th, 2010** with your check or money order of \$5.00 (**per person, not dog**) and made payable to the "BTCA Health Committee" and marked for "Certification":

Sue LeCalsey
BTCA Health Committee
4125 Dollar Lane
DePere WI 54115

If you have any questions, please feel free to contact me: AchatesBostons@Ameritech.Net