|  |  |  |
| --- | --- | --- |
|   | CONFIRMATION OF EXAMINATIONFOR PATELLA LUXATION (PATELLA) |  |

**Adjudicator:**……………………………………………………………………………………………………..…………

**Address of veterinary practice:** ………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………....…..

I confirm that I have performed and assessed the degree of luxation of the

patella (patella) the dog:

**Breed:** French bulldog

**SEX:**………………… **Date of birth**: ……………………….. **Color:** ………………………

**Registred Name:** ………………………………………………………………………………….……………………

**Microchip:** ………………………………………………………

**Kennel club**:………………………………………………………………………………………………………..…...

**Owner name, address:** ……………………………………………………………………………………….……

…………………………………………………………………………………………………………………………..………

□ I do / □ Do not agree with transmitting the results of the examination to.

The nationality agrees with the data in the certificate of origin to which the

examination was confirmed.

Date: …………………………… Dog owner's signature…………………………………..

Result of examination / Degree of disability – underline

Left leg: 0 1 2 3 4

Right leg: 0 1 2 3 4

This examination confirms that the dog is / is not affected by luxation of the

patella (patella).

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_