

 <p style="text-align: center;">GSDCA</p>	<p>German Shepherd Dog Council of Australia (Inc). Hereditary Diseases Committee</p> <p>GSD Health Profile Report</p>	Office Use Only :
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Registered Name of Dog : _____ Sex : _____
 Registration No : _____ Tattoo/MC No : _____ Date of Birth : ____ / ____ / ____

Sire :	P G Sire :
	P G Dam :
Dam :	M G Sire :
	M G Dam :

Registered Owner(s) : _____
 Address : _____
 City/Suburb/Locality : _____ State : _____ Post Code : _____
 Telephone : (____) _____ E-mail : _____

I hereby declare that :

- a) The particulars above are correct and relate to the dog being reported.
- b) I give permission that the data will be used for statistical purposes only, which may then be published at a later date.
- c) I understand that this is a research program to improve the health of the German Shepherd Dog in Australia.

Signed : _____ Date : ____ / ____ / ____

Veterinarian's Use Only - Please complete this section.

Diagnosis of Dog's Condition : _____
 Date of Examination : ____ / ____ / ____ Age of Dog at time of Diagnosis : _____
 Condition confirmed by the following tests/radiographs (include copies of history, X ray reports, etc, where possible) :

Present Condition of the Dog (undergoing treatment, condition resolved etc; or dog euthanaised) : _____
 Date of Examination : ____ / ____ / ____

Name of Veterinary Surgeon submitting information on this dog :

I, _____ certify that I have checked the above dog's tattoo number.
 Surgery/Practice : _____ Address : _____
 City/Suburb/Locality : _____ State : _____ Post Code : _____
 Telephone : (____) _____ E-mail : _____

Signed : _____ Date : ____ / ____ / ____

Please return completed form to :

GSDCA Hereditary Diseases Chairperson
Dr Karen Hedberg BVSc.
36 Bell's Line of Rd, North Richmond, NSW, 2754.