



BOXER ASSOCIATION OF VICTORIA HEART SCREENING PROGRAM

NOTE: The content or format of this form is NOT to be altered in any way or it will not be accepted!

SECTION A - (to be completed by the owner)

* DOGS VICTORIA REGISTERED NAME OF BOXER

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ANKC Reg. No: Microchip No:

Date of Birth : / / Sex : Colour

Owners Name :

.....

Address

.....

.....

SECTION B - to be completed by the Veterinarian

Vet to strike out as applicable and initial

I have today, / / , examined the Boxer identified to me as above by Microchip number.

- I could not detect any evidence of a heart murmur in this Boxer on the day.
- I have referred the Boxer for examination by a cardiologist veterinarian.
- I detected a heart murmur of grade /6 intensity.
- Further investigation into the cause of the murmur by means of Doppler Echcardiography is strongly recommended.
- This Boxer is under 1 year of age and should be re-checked when over 1 year old.

Signed:

Name Address of Veterinarian

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Forward completed form via email to:
Lionel Bleakley lionelbleakley42@gmail.com

OFFICE USE ONLY:

Heart Test No

Certified by:.....