

SVENSKA BULLMASTIFFKLUBBEN

Associated with Swedish Kennel club

CERTIFICATE REGARDING AORTASTENOSIS IN BULLMASTIFF

THE DOG

Name.....

Date of birth.....

Registration number.....

ID/Chip-number.....

THE OWNER

Name.....

Adress.....

.....

Country.....

THE DOG ABOVE IS EXAMINED BY ME AND SHOWS NO SIGN OF MURMUR OVER THE AORTA AREA.

Date.....

Name of veterinarian.....

Clinic and address.....

Signatur veterinarian.....