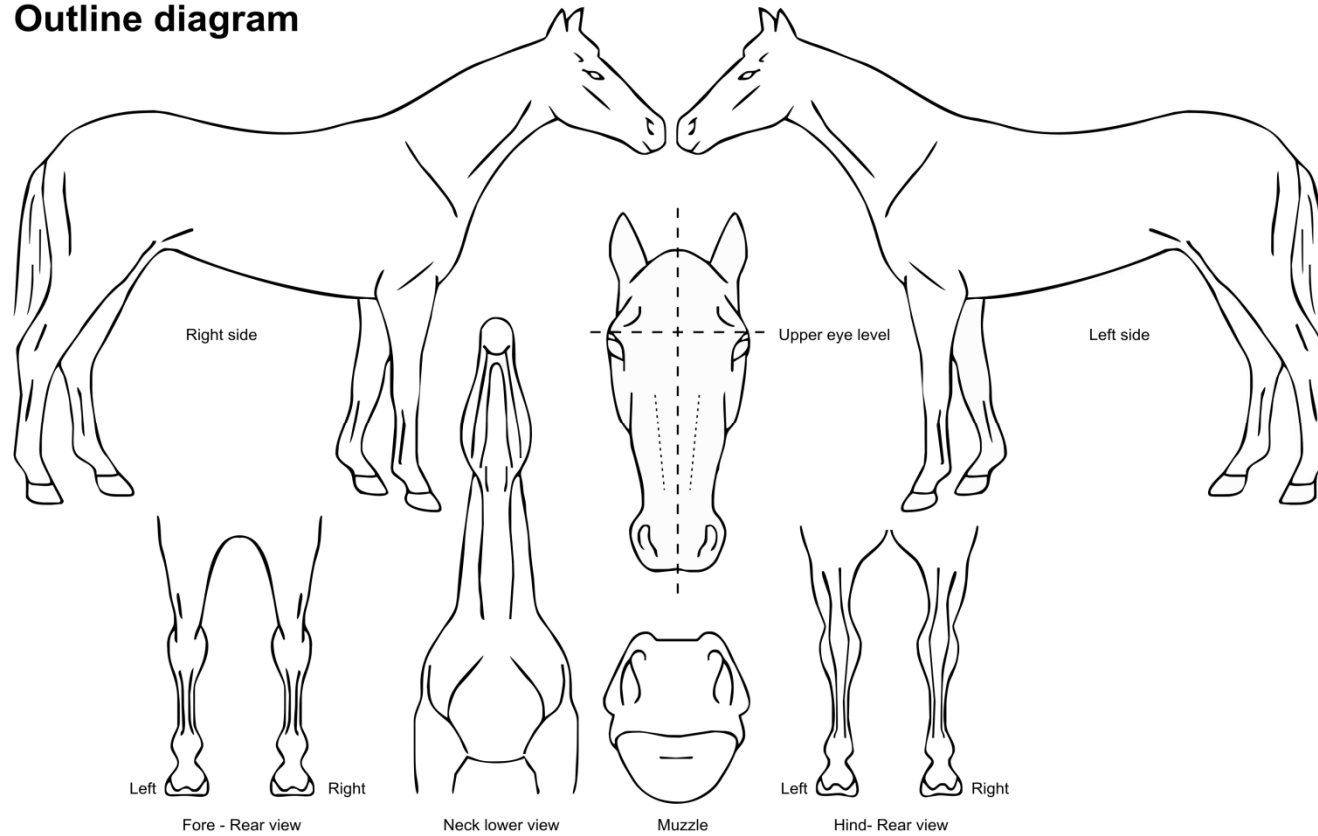


| | | | | | |
|-----|--------|----------------------------|------|-----|----------------|
| SEX | COLOUR | DATE OF BIRTH (DD/MM/YYYY) | SIRE | DAM | REGISTERD NAME |
| | | | | | |

Outline diagram



MICROCHIP STICKER

NAME OF VETERINARIAN

SIGNATURE OF VETERINARIAN

DATE ___ / ___ / ___

PRACTICE STAMP

WRITTEN DESCRIPTION OF MARKINGS:

HEAD: _____

| | |
|-------------------|--|
| LEFT FORE | |
| RIGHT FORE | |
| LEFT HIND | |
| RIGHT HIND | |

| |
|----------------------|
| BODY / WHORLS |
| |
| |
| |
| |
| |
| |

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) _____