

AHTCA Veterinarian Certification American Hunt Terrier Club Association, INC.

13288 Bean Rd Alexander, AR 72002

Phone: 501-607-4453 Email: ahtcalady@gmail.com

Fill out completely, print and mail to the AHTCA

Terrier's Name: _____ Age: _____

Owner's Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Phone Number: _____ AHTCA Membership # _____

Chest Measurement: _____ inches: (at deepest part of the chest behind front legs)

Height at point of withers: _____ inches.

Length of back: _____ inches (measured from base of tail to point of withers)

Coat: Smooth Rough Broken

Teeth: Scissors Bite Level Bite Undershot Overshot Other (describe)

Nose: Fully Pigmented Black Liver colored nose Lacking Full Pigment

Other explain _____

Eyes: Normal No (describe) _____

Vision: Normal No (describe) _____

Iris: Brown Blue Yellow Other _____

CERF #: _____

Hearing: Normal No (describe) _____

BAER #: _____

Cardiovascular: Normal No (describe) _____

Testicles: Normal No (describe) _____

Hernia: No Umbilical Inguinal Other (describe) _____

Legs: Normal Sub-luxating Patella Luxating Patella, Grade _____ Other _____

(describe) _____

Feet: (all four toes touching the ground?) Normal No (describe) _____

Surgical Scars (describe): _____

Temperament (toward a non-threatening person): Shy Normal Aggressive

Veterinarian's general opinion: Are there any reasons why this terrier cannot function as a working dog or be used on the AHTCA breeding program?

Veterinarian's Signature: _____ Date: _____

Address: _____

Phone: _____