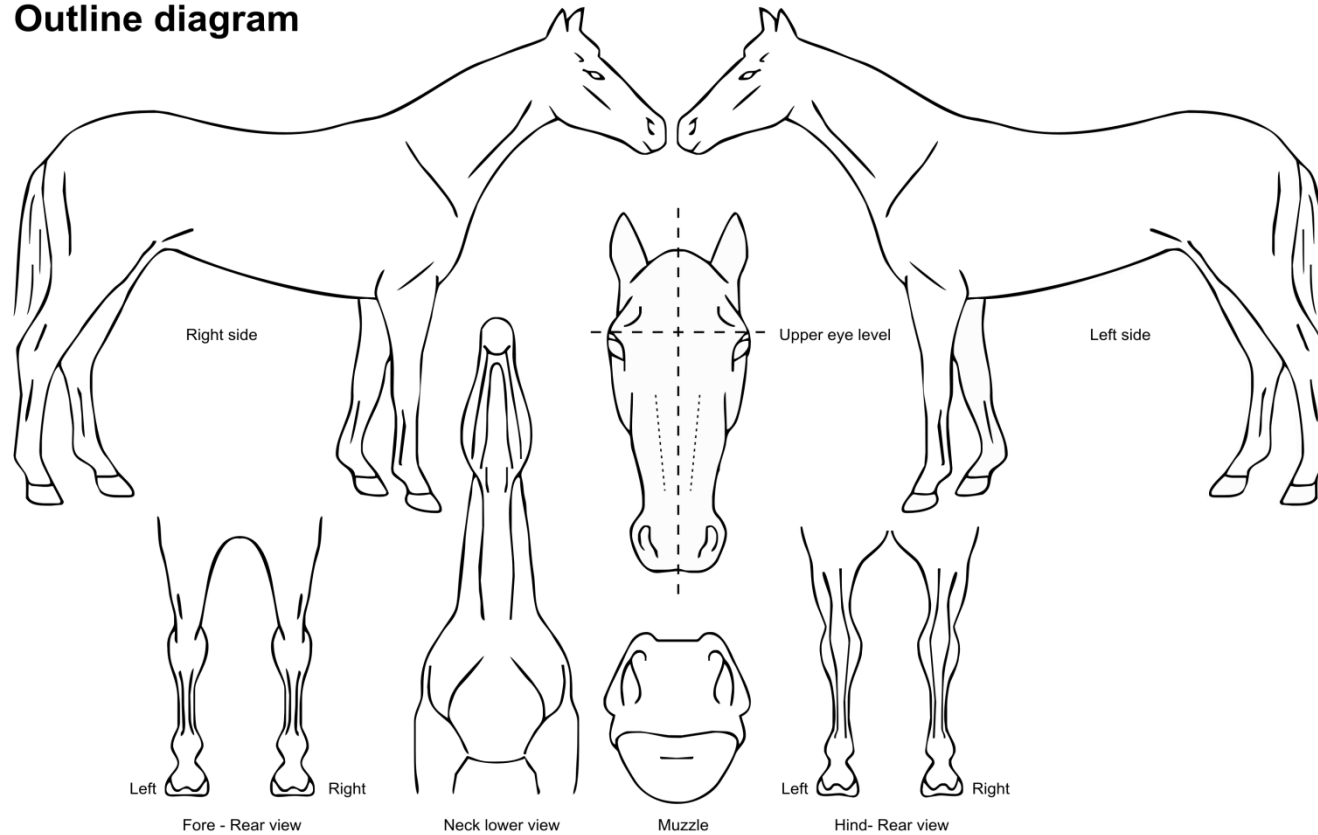


SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME

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) _____