2806355368

*Dogtests*tm Data Submission Form

Breed: BULL TERRIER

Easy Instructions:

1) Save this Data Submission Form (dsf425.pdf) to your computer.

2) Open this form (dsf425.pdf) with Acrobat Reader Version 4 or greater. *(Earlier versions will not perform correctly with this form. Acrobat Reader is available for download through www.Adobe.com or can be obtained from Dogtests for a nominal fee.)*

3) Fill in the form USING YOUR COMPUTER and being careful to include your correct "Dogtag" ID number. Hand-filled, un-scanable or submissions without correct Dogtag will require resubmission.

4) Print out the completed form on your printer,

5) Sign and send to **Dogtests**, PO Box 9301, Reston, VA 20195 or fax to: (9 9 9) 9 9 9 - 9 9 9 9 *(Fax Data Submission Not Yet Available)*

Your "DOGTAG" #: Your Last Name:

The Dog:

Registered Name (Do NOT include "CH")

First Time Entry for this dog? ○ Yes ○ No Sex: ○ Male ○ Female DOB

Sire's Name (Do NOT include "CH")

Dam's Name (Do NOT include "CH")

The Tests:

Test 1 - BAER Test for Deafness

○ Passed BAER - Can hear in BOTH ears

○ Failed BAER - Deafness detected

○ Not Reporting at this time

Date: / /

Test 2 - Heart Check (Auscult/Echo)

○ Passed Exam - no heritable problem indicated

○ Cardiology Problem Indicated

○ Not Reporting at this time

Date: / /

Test 3 - Knee (Patellar Luxation)

○ No Slipping (luxating) Patellas

○ Patellar Luxation detected

○ Not Reporting at this time

Date: / /

Test 4 - Kidney (Urine Prot/Creat Ratio)

○ U-P/C Ratio .3 or below

○ U-P/C greater than .3

○ Not Reporting at this time

Date: / /

I am submitting this information to the Dogtests(tm) Open Registry in accordance with the subscriber agreement. I believe that the information above is true and pertains to the dog named above and there have been no misrepresentations made.

You :

Signature

**** Office Use Only ****

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Clear Form Data