TSSR Litter Health Report

Name of Breeder_____Date of Exam_____
Name of Dam_____Pups DOB_____Age_____
Overall Condition of the Litter (circle one) Excellent Good Fair Poor
Signature of DVM_____Phone #_____

Puppy ID & Gender	Evidence of Eye Disease Y=yesN=No please remark if Yes	Heart Murmur Y=yes N=No Grade I, II, III, VI	In Males, both testicles Normal Y=yes N=No please remark if No	Please note bite N=normal O=overbite U= underbite	Weight of pup	Umbilical Hernia Yes, No, If yes is it reducible	Additional Comments