

***To whom it may concern,***

***DATE:..................................***

***DOG'S KENNEL NAME:..................................................................***

***DOG'S PET NAME:........................................................................***

***MICROCHIP NUMBER:................................................................***

***Statement by examining Vet:***

***I have examined the afore mentioned dog and found her to be:***

***Clear of hyperplasia.........***

***OR***

***Affected by hyperplasia with a protrusion of .........cm

Day of testing within cycle..........

Name of Vet.........................................................................***

***Signature of Vet....................................................................***

***Practice Stamp***