

Contact Details:
Phone: (08) 8984 3570
Email: info@dogsnt.com.au
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Correspondence to:
The Secretary
PO Box 37521
Winnellie, NT 0821

North Australian Canine Association Inc - A Member Body of the Australian National Kennel Council

NATURAL BOBTAIL ASSESSMENT FORM: PART A

Owners Name:

Street Address:

Suburb: State/Territory: Postcode:

Phone Number: Email:

THIS IS TO CERTIFY THAT ON (DATE): I EXAMINED THE LITTER AND HAVE RECORDED THE DETAILS BELOW:

Breed: Date Litter was Whelped:

Dam: Microchip #:

Sire: Microchip #:

Age of Litter: days. Number of Pups in Litter:

	SEX	COLOUR	TAIL LENGTH	COMMENTS
PUP #1				
PUP #2				
PUP #3				
PUP #4				
PUP #5				
PUP #6				
PUP #7				
PUP #8				

Additional Comments:

THE FOLLOWING TO BE COMPLETED BY VETERINARIAN AT THE TIME OF EXAMINATION:

Signed: Date:

Practice Name: Name:

Street Address:

Suburb: State/Territory: Postcode:

Phone Number: Email:

* By signing you hereby declare that all the information provided herein is true and correct.

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NATURAL BOBTAIL ASSESSMENT FORM: PART B

This is to certify that on (date): I re-examined the litter and have recorded the details below:

PUP #1

Animal Name/ID:

Age: weeks. Sex: Microchip #:

Colour: Original Tail length: NBT: YES NO

PUP #2

Animal Name/ID:

Age: weeks. Sex: Microchip #:

Colour: Original Tail length: NBT: YES NO

PUP #3

Animal Name/ID:

Age: weeks. Sex: Microchip #:

Colour: Original Tail length: NBT: YES NO

PUP #4

Animal Name/ID:

Age: weeks. Sex: Microchip #:

Colour: Original Tail length: NBT: YES NO

PUP #5

Animal Name/ID:

Age: weeks. Sex: Microchip #:

Colour: Original Tail length: NBT: YES NO

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PUP #6

Animal Name/ID:

Age: weeks. Sex: Microchip #:

Colour: Original Tail length: NBT: YES NO

PUP #7

Animal Name/ID:

Age: weeks. Sex: Microchip #:

Colour: Original Tail length: NBT: YES NO

PUP #8

Animal Name/ID:

Age: weeks. Sex: Microchip #:

Colour: Original Tail length: NBT: YES NO

THE FOLLOWING TO BE COMPLETED BY VETERINARIAN AT THE TIME OF EXAMINATION:

*Signed: Date:

Practice Name: Name:

Street Address:

Suburb: State/Territory: Postcode:

Phone Number: Email:

* By signing you hereby declare that all the information provided herein is true and correct.