



Fitness test Bulldog

Dog

| | | | |
|----------------|------------|---|------------|
| Name: | | | |
| ID number: | | Registrationnumber | |
| Date of birth: | | Sex: | |
| Weight: | kg | normal weight / moderate obesity (2-3 kg) / obese * | |
| Bodyscore: | height: cm | Breast girth: cm | length: cm |

Owner

| | | | |
|--------|--|-----------------|--|
| Name | | | |
| Adress | | Zip/postal code | |
| City | | Country | |
| E-mail | | | |

Before test

| | | |
|------------------|--|---------------|
| Pulse | | observations: |
| Body temperature | | |
| Respiration | Normal / stridor mouth closed / costoabdominal / moderate panting / panting/ some wheezing / wheezing* | |

Surroundings

| | | | |
|-------------|--|----------|--|
| Temperature | | Humidity | |
|-------------|--|----------|--|

Fitness test

1000m walking

| | | | | |
|----------------------|-------------|--------------|-------------------------|--------------------|
| start test: | | end test: | | Time walking: |
| during test | | | | |
| Difficulties walking | YES / NO* | | | |
| Lame/limping | YES / NO* | | | |
| Vomiting | YES / NO | | | |
| Other | | | | |
| | Time | Pulse | Body temperature | Respiration |
| Directly after test | | | | |
| 5 min. after test | | | | |
| 10 min. after test | | | | |
| 15 min. after test | | | | |
| Complete recovery | | | | |

* delete if inapplicable.



Observations:

I DID verify tattoo/microchip on this dog

Veterinarian

Name

Adress

Zip/postal code

City

Country

E-mail

Date

Signature

I hereby certify that the animal examined is the animal described on this application. To my knowledge this dog has had no medical operations and/or had any kind of medication administered that might influence the outcome of the test.

Signature owner