



15 – 21 September



VETERINARY CERTIFICATE

ABOUT ABILITY TO TAKE AN FCI - IGP EXAM

(Cannot be older than 3 months)

FCI member country

Name of the owner

Address of the owner

Name of the dog

Birth date: Gender: ☐ Male / ☐ Female

Chip number: Tattoo:

Height: Weight:

head / neck / sense organs ☐ regular / ☐ suspect

heart / circulatory system / vessels ☐ regular / ☐ suspect

lungs / lymph nodes ☐ regular / ☐ suspect

abdomen / kidney ☐ regular / ☐ suspect

spine ☐ regular / ☐ suspect

joints ☐ regular / ☐ suspect

musculature / tendons ☐ regular / ☐ suspect

nervous system ☐ regular / ☐ suspect

Health-wise able to take an FCI-IGP exam ☐ yes / ☐ no

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veterinary's stamp

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place and date

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signature of the veterinary