

Mini Foxie Club of Australia Inc.

For Office Use	

Send completed form to:

MFCA Registrar PO Box 268 ALBANY CREEK QLD 4035 0400 779 594 registrar@minifoxie.org

ADULT REGISTRATION APPLICATION

Page 1 of 4 - Please print clearly in block letters

Me	embers Name:				
Me	embership No:	Kennel Prefix:			
Po	ostal Address:				
				Postcode:	
En	nail:		Pho	ne:	
	nis application is t ip.	to be completed for an entire	adult dog that w	as MFCA recorded as	s a
1. 2. 3. 4.	Please print all deta If the information is All applications mu dog standing in pro photograph with no visible an additiona veterinarian to iden club's Breed Regis The Health Declara dog must be compl dog will be MFCA of All Adult dogs mus supply Genetic And the Breeders Hand	pleting this application (see also ails clearly in block letters. No line not known – write "NOT KNOWN at be accompanied by at least through the left and right sides; one photo people or animals in the backgroal photo of the feet is required. It if y the animal being recorded. The try. It is a veterinarian election (page 3) attesting to the height eted and signed by a veterinarian certified for Adult Registration with thave their Primary Lens Luxation alysis Report showing testing residuals are signed by a veterinarian certified for Adult Registration with the primary Lens Luxation alysis Report showing testing residuals are signed by a veterinarian certified for Adult Registration with the primary Lens Luxation alysis Report showing testing residuals.	es are to be left bland." ee (3) colour photo of as a front head shound or foreground. The photographs were photographs with the weight, bite, pate before this application out a completed Head (PLL) status know alts. If further details.	graphs; two photos show ot. The dog must be 85% If the dog's feet are no nust be signed by the a ill be retained permanent ellae, testes and microchi ion can be processed. No ealth Declaration. In for Adult Registration.	% of the t clearly attesting ly in the ip of the lo entire Please consult
De I h (M	eclaration ereby apply for Ad FCA) and certify th	ult Registration of this dog/bitcl at the information provided is o	n with the Mini For	kie Club of Australia Ind of my knowledge.	c.
		FOR OFFICE U	SE ONLY		
		Received by			
	Recorded by	Certificate sent:	R	egistration No:	

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Registered Name of Pup		-			
LRP / RFP No.					
Whelping Date			Sex: (please circ	cle) Male	Female
Desexed: (please circle)	YES NO	O Natur	al Bobtail: (plea	ase circle) \	YES NO
Colour: (please circle)	Black/White	Black/Tan/White	e Tan/White		
Number of photos subm	itted:				
Genetic Analysis Report	Certificate sho	owing PLL testing	g results submit	ted: YES	S NO
Registered Name of Sire	·				
Registered Number of Si	i re				
Registered Name of Dan	າ			•••••	
Registered Number of Da	am				

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HEALTH D	ECLARATION	d for:				
This doclaration	(Name of Dog/Bitch) This declaration must be completed by a Veterinary Surgeon after the dog/bitch is 12 months of age.					
This deciaration		a veterinary Sur	geon alter the d	og/bitch is 12 months of age.		
General Health						
<u>Bite</u> □ O	vershot	rshot 🗆 L	evel 🗌 Sc	issor		
Note: The correct bite of	f a Miniature Fox Terrier (Mi	ni Foxie) is a scissor	bite, not a level bite.			
<u>Comments</u>						
Descended Testic	<u>les</u> ☐ One	☐ Two	☐ None	☐ Not Applicable		
Patellae] Normal	Abnormal: Grad	de (on	a scale of 1 to 4)		
<u>Comments</u>						
Height to the with	<u>ers</u> cms	Weight		kg		
Weight is consider	red to be ☐ Healthy	weight for heigh	t 🗌 Overweigh	nt		
Comments						
Please verify Micro	ochip Number					
-	ormation stated is correc		v knowledge			
. com, marmo mo		_				
		-				
		/ / _				
Signature of Veter	inary Surgeon	Date	Name and Add	dress of Veterinary Surgeon		

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Guidelines for the Veterinarian completing the MFCA Health Declaration

General Health Please indicate the general health of the dog/bitch.

Bite Please tick box to describe bite. The correct bite of a Miniature Fox Terrier is a scissor bite, not a level bite. Under "Comments" please qualify your answer if necessary to aid MFCA classifiers. Please indicate any specifics, such as "overbite is slight/severe"; "underbite is over 3mm"; "minor" "major"; "two upper incisors are slightly out of alignment but jaw is normal"; etc

Testicles Please tick box to describe the external genitalia of a male.

Patellae The MFCA observes a scale of 0 to 4 for patella luxation.

Grade 0: Patella cannot be luxated.

Grade 1: Patella can be luxated manually and returns into position spontaneously

Grade 2: Patella can be luxated manually and returns into position with manipulation.

Grade 3: Patella spontaneously luxates when the dog is standing.

Grade 4: Patella is permanently luxated.

If patella is not perfect but better than 1, a score of 0.5 (zero point five) may be given where the patella does not dislocate but there is a very slight looseness in the joint and the veterinarian is uncomfortable marking the patella as perfect. Under "Comments" please indicate specifics, such as "slight looseness in left knee, right knee perfect", "no clinical indications", etc.

Weight & Height Please weigh the dog and record weight on the Health Declaration. Please indicate if weight of animal is considered to be a healthy weight for the given height, or if it is overweight or underweight in your opinion. Height is measured from the withers to the floor. The height parameters of the Breed Standard for a Miniature Fox Terrier are 24cm - 30.5 cm (9 $\frac{1}{2} - 12 \text{ inches}$). Please measure and record the height on the Health Declaration. Should the animal being examined not be within the parameters listed, your comments on the other listed features of the dog are still required.

Microchip Number Please verify/record the number of the implanted microchip.

Photographs The owner will present you with at least 3 photographs of the dog/bitch being examined. There should be no other dogs present in the photos.

Please write in the margin of the page on which the photograph is printed, e.g. "This is Spot"; "This is a photo of Tiger Brown"; "This is a true photo of the dog/bitch known to this surgery as Foxiedowns Special Effect." etc, to confirm the identity of the dog you have examined. If margin space is insufficient, this can be stated on the back of the page. Please take care not to use a pen that bleeds, as the photos will be used for official registry records. Photographic prints can be signed on the back, taking care not to press too hard.

The Management Committee of the Mini Foxie Club of Australia thanks you in advance for your care in completing the Health Declaration.

If you have any questions, or wish to make any suggestions, please contact

MFCA Registrar, PO 268 Albany Creek QLD 4035

Email: registrar@minifoxie.org Phone: 0400 779 594