



# Mini Foxie Club of Australia Inc.

For Office Use

## ADULT REGISTRATION APPLICATION

Page 1 of 4 - Please print clearly in block letters

Send completed form to:

MFCA Registrar  
P.O Box 623  
KINGAROY 4610 QLD  
0402 324 233  
registrar@minifoxie.org

Member Name: .....

Membership No: ..... Kennel Prefix: .....

Postal Address: .....

..... Postcode .....

Email: ..... Phone: .....

**This application is to be completed for an entire adult dog that was MFCA recorded as a pup.**

### Instructions for completing this application (see also Breeders Handbook)

1. Please print all details clearly in block letters. No lines are to be left blank.
2. If the information is not known – write "NOT KNOWN".
3. All applications must be accompanied by at least three (3) colour photographs; two photos showing the dog standing in profile, left and right sides; one photo as a front head shot. The dog must be 85% of the photograph with no people or animals in the background or foreground. If the dog's feet are not clearly visible an additional photo of the feet is required. The photographs must be signed by the attesting veterinarian to identify the animal being recorded. These photographs will be retained permanently in the club's Breed Registry.
4. The Health Declaration (page 3) attesting to the height, weight, bite, patellae, testes and microchip of the dog must be completed and signed by a veterinarian before this application can be processed. No entire dog will be MFCA certified for Adult Registration without a completed Health Declaration.
5. All Adult dogs must have their Primary Lens Luxation (PLL) status known for Adult Registration. Please supply Genetic Analysis Report showing testing results. If further details are required, please consult the Breeders Handbook or contact the Registrar.
6. The fee for Adult Registration is **\$10.00** and payment or payment details must accompany this form.

### Declaration

**I hereby apply for Adult Registration of this dog/bitch with the Mini Foxie Club of Australia Inc. (MFCA) and certify that the information provided is correct to the best of my knowledge.**

Signature of owner ..... Date .....

FOR OFFICE USE ONLY			
Date Received _____	Received by _____	Fee: \$ _____	Receipt No: _____
Recorded by _____	Certificate sent: _____	Registration No: _____	

# ADULT REGISTRATION APPLICATION

Page 2 of 4 - Please print clearly in block letters

Registered Name of Puppy Recorded Dog/Bitch

.....

LRP / RFP No. ....

Whelping Date ..... Sex: (please circle) Male Female

Desexed: (please circle) YES NO Natural Bobtail: (please circle) YES NO

Colour: (please circle) Black/White Black/Tan/White Tan/White

Number of photos submitted: .....

Genetic Analysis Report Certificate showing PLL testing results submitted: YES NO

Registered Name of Sire .....

Registered Number of Sire .....

Registered Name of Dam .....

Registered Number of Dam .....

**ADULT REGISTRATION APPLICATION**

Page 3 of 4 - Please print clearly in block letters

**HEALTH DECLARATION** for: .....  
(Name of Dog/Bitch)

This declaration must be completed by a Veterinary Surgeon after the dog/bitch is 12 months of age.

**General Health** \_\_\_\_\_  
\_\_\_\_\_

**Bite**       Overshot       Undershot       Level       Scissor

Note: The correct bite of a Miniature Fox Terrier (Mini Foxie) is a scissor bite, not a level bite.

**Comments** \_\_\_\_\_

**Descended Testicles**     One             Two             None             Not Applicable

**Patellae**             Normal             Abnormal: Grade \_\_\_\_\_ (on a scale of 1 to 4)

**Comments** \_\_\_\_\_

**Height to the withers** \_\_\_\_\_  cms     inches      **Weight** \_\_\_\_\_  kg     lbs

**Weight is considered to be**     Healthy weight for height     Overweight     Underweight

**Comments** \_\_\_\_\_

**Please verify Microchip Number**    \_ \_ \_ \_ \_

I certify that the information stated is correct to the best of my knowledge

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
/ /

**Signature of Veterinary Surgeon**                      **Date**                      **Name and Address of Veterinary Surgeon**

## ADULT REGISTRATION APPLICATION

Page 4 of 4 - Please print clearly in block letters

### 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 ½ - 12 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, P.O Box 623 KINGAROY 4610 QLD**

**Email: registrar@minifoxie.org Phone: 0402 324 233**

