



# Mini Foxie Club of Australia Inc.

For Office Use

Send completed form to:

MFCA Registrar  
PO Box 996  
BATHURST NSW 2795  
0429 130 924  
registrar@minifoxie.org

## FOUNDATION ADULT REGISTRATION APPLICATION

Page 1 of 4 - Please print clearly in block letters

Members Name: .....

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

Postal Address: .....

..... Postcode: .....

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

**This application is to be completed for an entire adult dog that was not MFCA registered 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. Foundation Adults must have been genetically tested with regard to Primary Lens Luxation (PLL) and the Genetic Analysis Report showing test results submitted as part of the application. If you need further information regarding PLL testing, please contact the Registrar.
6. Foundation Adult Registration fee is **\$25.00** & payment or payment details must accompany this form.

### Declaration

**I hereby apply for the registration of this dog/bitch as a Foundation Adult 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: _____	

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Name of Dog .....

Whelping Date .....

If whelping date is not known, please ask the veterinarian to estimate age in the Health Declaration.

Sex: (please circle)      MALE      FEMALE      Desexed: (please circle)      YES      NO

Colour: (please circle)      BLACK/WHITE      BLACK/TAN/WHITE      TAN/WHITE

Natural Bobtail: (please circle) YES NO      Microchip Number: \_ \_ \_ \_ \_

Number of photos submitted: ..... Genetic Analysis Report For PLL submitted: YES NO

Background Information – please provide photos of parents & grandparents

Name of Sire .....

Name of Grandsire .....

Name of Granddam .....

Name of Dam .....

Name of Grandsire .....

Name of Granddam .....

# FOUNDATION ADULT REGISTRATION APPLICATION

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## 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 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      **Weight** \_\_\_\_\_ kg

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

### Comments

\_\_\_\_\_

### Microchip No

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**

## **FOUNDATION ADULT REGISTRATION APPLICATION**

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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 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 facsimile 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.

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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 Box 996, Bathurst NSW 2795**  
**Email: registrar@minifoxie.org Phone: 0429 130 924**