

Mini Foxie Club of Australia Inc.

| For Office Use |
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FOUNDATION ADULT REGISTRATION APPLICATION

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MFCA Registrar PO Box 6 LANSDOWNE NSW 2430 0412 903 851

registrar@minifoxie.org

Send completed form to:

| Me | embers Name: |
|--|---|
| Me | embership No: Kennel Prefix: |
| Po | ostal Address: |
| | |
| Er | nail: Phone: |
| | nis application is to be completed for an entire adult dog that was not MFCA registered as pup. |
| 1. 2. 3. 4. 5. | |
| I h | eclaration hereby apply for the registration of this dog/bitch as a Foundation Adult with the Mini Foxie Club Australia Inc. (MFCA) and certify that the information provided is correct to the best of my nowledge. |
| Si | gnature of owner Date |
| | FOR OFFICE USE ONLY |
| | Date Received Received by Fee: \$ Receipt No: |

Certificate sent:

Recorded by _

Registration No:

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| Nan | ne of Dog | | | | | | |
|------|-----------------------------------|---------------|-----------------------|----------------------------------|---------------|-----------|------------|
| | elping Datenelping date is not kr | | | narian to estimate age in tl | ne Health Dec | claration | ı . |
| Sex | : (please circle) | MALE | FEMALE | Desexed: (pleas | se circle) | YES | NO |
| Cold | our: (please circle) | BLAC | K/WHITE | BLACK/TAN/WHITE | TAN/W | /HITE | |
| Natu | ural Bobtail: (please | e circle) YES | S NO M | icrochip Number: | | | |
| Nun | nber of photos sub | mitted: | Genetic A | Analysis Report For PLL | submitted: | YES | NO |
| | <u>Backgro</u> | ound Informa | ation – please | e provide photos of parents | s & grandpare | nts | |
| | Name of Sire | | | | | | |
| | Name of Grandsi | re | | | | | |
| | Name of Grandda | ım | | | | | |
| | | | | | | | |
| | Name of Dam | | | | | | |
| | Name of Grandsi | re | | | | | ••• |
| | Name of Grandda | ım | | | | | |

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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 | | | | | | |
| 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 | | | | | | |
| <u></u> | | | | | | |
| <u>Descended Testicles</u> ☐ One ☐ Two ☐ None ☐ Not Applicable | | | | | | |
| | | | | | | |
| Patellae | | | | | | |
| Comments | | | | | | |
| | | | | | | |
| Height to the withers cms Weight bg | | | | | | |
| Weight is considered to be ☐ Healthy weight for height ☐ Overweight ☐ Underweight | | | | | | |
| | | | | | | |
| Comments | | | | | | |
| Microchip No DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD | | | | | | |
| 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 | | | | | | |

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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.

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 6, Lansdowne NSW 2430 Email: registrar@minifoxie.org Phone: 0412 903 851