

Abbey Animal Hospital

Caring. Helping. Healing.



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www.abbeyanimalhospital.ca

We would like to thank you for choosing Abbey Animal Hospital for your pre-breeding assessment/certification.

To ensure accuracy, we ask that you please fill out the information below. Kindly send it back to us at your earliest convenience, no later than 48 hours before your appointment date.

Thank you.

Breeder Name:

Breeder Address and Phone Number:

Dog Name:

Dog's Registered Name:

Dog's Date of Birth:

Dog's Breed:

Please indicate all of the procedures you are requesting to be completed:

- PennHIPs**
- eVet Diagnostics**
- OFA Hips**
- OFA Elbows**
- OFA Patellas**
- OFA Cardiac**
- OFA Thyroid**
- Thyroid Panel #1**

If we have a credit card on file that is to be used for billing purposes, **what are the last 4-digits:**

Thank you for completing this request. We will still require signatures the day your dog is admitted.

If you have any questions or would like further information, please contact us.