

# Abbey Animal Hospital

*Caring. Helping. Healing.*



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[www.abbeyanimalhospital.ca](http://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's Name:**

**Breeder Address and Phone Number:**

**Dog's Name:**

**Dog's Registered Name:**

**Dog's Registration Number and Association (CKC, AKC etc.) :**

**Dog's Date of Birth:**

**Dog's Breed:**

**Sire's Registration Number:**

**Dam's Registration Number:**

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

\_\_\_\_\_ **PennHIPs**

\_\_\_\_\_ **OFA Patellas**

\_\_\_\_\_ **eVet Diagnostics**

\_\_\_\_\_ **OFA Cardiac**

\_\_\_\_\_ **OFA Hips**

\_\_\_\_\_ **OFA Thyroid**

\_\_\_\_\_ **OFA Elbows**

\_\_\_\_\_ **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.