

WUSV Program with Dr. Durán

United Schutzhund Clubs of America
Attn: Tabitha Gamache
19 Fox Valley Ctr
Arnold, MO 63010

Vet Name
Name of Practice,
Clinic or Hospital
Address
City, State ZIP

Date:

Dear Tabitha: Please circle one- Stock Coat Long Coat

The following dog was presented to our office for (please circle one or both) hip x-rays and / or elbow x-rays:

Registered Name of Dog: _____

Date of Birth: _____

AKC /SV / other Registration #: _____

Tattoo and/or Microchip: _____

1. I have personally verified the tattoo and/or microchip to confirm the identity of the dog.
2. The dog presented and identity verified was sedated during the x-rays Yes No
3. The registered owner (and co-owner, if applicable) have confirmed that all the required information, within the x-ray identification plate and within this letter, has met the owner's (and co-owner, if applicable) approval, per their authorization signature(s) below.

Sincerely,

Vet Name

Owner's Name / Co-owner

Vet Signature

Owner's Signature / Co-owner

Enclosed: Copy of USCA membership card
 Original AKC/SV/FCI pedigree