



Email: info@dogsqueensland.org.au, Website: www.dogsqueensland.org.au

## NATURAL BOBTAIL ASSESSMENT FORM – PART A

Breeder's Name \_\_\_\_\_

Breeder's Prefix \_\_\_\_\_

Breeders Membership No. \_\_\_\_\_

This is to certify that on \_\_\_\_\_, I examined the litter and have recorded details below:

Name of Dam \_\_\_\_\_ Breed \_\_\_\_\_

Dam's Microchip No. \_\_\_\_\_

Date of birth of litter \_\_\_\_\_

Age of pup/s at examination \_\_\_\_\_ days No of pups in litter \_\_\_\_\_

	Sex	Colour	Tail Length		Sex	Colour	Tail Length
Pup One				Pup Six			
Pup Two				Pup Seven			
Pup Three				Pup Eight			
Pup Four				Pup Nine			
Pup Five				Pup Ten			

Comments: \_\_\_\_\_

**TO BE COMPLETED BY VETERINARIAN AT TIME OF EXAMINATION:**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Practice Name \_\_\_\_\_

Street Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**6.10 Registration of a Dog as a Natural Bob Tail Dog (Added 10/10, 6.7)**

- 6.10.1 A dog claimed to be a "Natural Bob Tail" dog must be DNA tested to certify that the dog is carrying the "Bob Tail" gene or has a Certified Vet Certificate where puppies have been examined by 4 days of age and then individually micro chipped prior to registration. The Vet Certificate is to be provided by a Vet who is not the owner or breeder of the litter. (Amended 06/18, 5.14 -- effective 01/01/19)
- 6.10.2 An approved collector must take the DNA sample and either a Micro Chip or a unique Tattoo must be sighted and recorded at the time to identify the dog.
- 6.10.3 The results of the DNA test or Certified Vet Certificate may be recorded on the ANKC Ltd Register and Official Registration form. A dog certified to be carrying the Bob Tail gene to be identified with the letters BT.

## **NATURAL BOBTAIL ASSESSMENT FORM – PART B**

This is to certify that on \_\_\_\_\_, I again examined this litter and have recorded further details below:

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### **PUP ONE**

Animal's Name	_____	Breed	_____
Age	_____ weeks	Sex	_____
Colour	_____	Microchip	_____
Original Tail Length	_____	No	_____
		NBT	<input type="checkbox"/> YES <input type="checkbox"/> NO

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### **PUP TWO**

Animal's Name	_____	Breed	_____
Age	_____ weeks	Sex	_____
Colour	_____	Microchip	_____
Original Tail Length	_____	No	_____
		NBT	<input type="checkbox"/> YES <input type="checkbox"/> NO

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### **PUP THREE**

Animal's Name	_____	Breed	_____
Age	_____ weeks	Sex	_____
Colour	_____	Microchip	_____
Original Tail Length	_____	No	_____
		NBT	<input type="checkbox"/> YES <input type="checkbox"/> NO

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### **PUP FOUR**

Animal's Name	_____	Breed	_____
Age	_____ weeks	Sex	_____
Colour	_____	Microchip	_____
Original Tail Length	_____	No	_____
		NBT	<input type="checkbox"/> YES <input type="checkbox"/> NO

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### **PUP FIVE**

Animal's Name	_____	Breed	_____
Age	_____ weeks	Sex	_____
Colour	_____	Microchip	_____
Original Tail Length	_____	No	_____
		NBT	<input type="checkbox"/> YES <input type="checkbox"/> NO

## NATURAL BOBTAIL ASSESSMENT FORM – PART B

### **PUP SIX**

Animal's Name \_\_\_\_\_ Breed \_\_\_\_\_  
Age \_\_\_\_\_ weeks Sex \_\_\_\_\_  
Colour \_\_\_\_\_ Microchip \_\_\_\_\_  
Original Tail Length \_\_\_\_\_ No \_\_\_\_\_  
NBT  YES  NO

### **PUP SEVEN**

Animal's Name \_\_\_\_\_ Breed \_\_\_\_\_  
Age \_\_\_\_\_ weeks Sex \_\_\_\_\_  
Colour \_\_\_\_\_ Microchip \_\_\_\_\_  
Original Tail Length \_\_\_\_\_ No \_\_\_\_\_  
NBT  YES  NO

### **PUP EIGHT**

Animal's Name \_\_\_\_\_ Breed \_\_\_\_\_  
Age \_\_\_\_\_ weeks Sex \_\_\_\_\_  
Colour \_\_\_\_\_ Microchip \_\_\_\_\_  
Original Tail Length \_\_\_\_\_ No \_\_\_\_\_  
NBT  YES  NO

### **PUP NINE**

Animal's Name \_\_\_\_\_ Breed \_\_\_\_\_  
Age \_\_\_\_\_ weeks Sex \_\_\_\_\_  
Colour \_\_\_\_\_ Microchip \_\_\_\_\_  
Original Tail Length \_\_\_\_\_ No \_\_\_\_\_  
NBT  YES  NO

### **TO BE COMPLETED BY VETERINARIAN AT TIME OF EXAMINATION:**

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
Name \_\_\_\_\_  
Practice Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_