



Tamaskan Dog Register, Inc
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www.tamaskandogregister.com

TAMASKAN DOG REGISTER

Certificate of Entirety

Registered Name: _____

Registration: _____
(for Outcross Studs: leave the registration number blank until available, then fill in with date of registration)

Breed: _____

Microchip/ID: _____

Date of Birth: _____

Owner: _____

I certify that at the time of examination the above named stud dog is found to have two descended testicles of equal and normal size and that it shows no apparent physical abnormalities of the reproductive organs.

Address of Veterinary Practice: _____

Stamp

Veterinary Practitioner: _____

Date of Examination

Signature of Veterinary Practitioner

Please return completed form to the Tamaskan Dog Register Committee of Breeders