



Breed Profile Program

**Dobermann Club of Queensland Inc.
Breed Profile Program**

Introduction

The Breed Profile Program is designed to collect information about the Breed. It is not used by the club to make an assessment as to the positive or negative aspects of a particular dog.

It should be noted, that once verified, information submitted to the program becomes a matter of record and will be made available upon written request to the club. Any such request for information, which must be accompanied by payment of any surcharges in effect at the time of the request, shall be met in the form of a verification of tests performed by the owner. At no time will additional information be made available.

The club requires that all breeding stock be tested for vWD, Hip Dysplasia and have veterinary eye certificates before being bred. All breeding stock must also participate in Working Aptitude Evaluations and Breed Survey Programs where such evaluations are available.

Instructions to owners

Please complete the section regarding the formal identification of the Dobermann being tested. Please sign the relevant sections that authorise the DCQ Inc. to release the information held by the Breed Profile Program within the terms of reference set down for the program.

Arrange for the remaining sections to be completed *in english* by an appropriate officer. A qualified veterinarian should complete all other components of the Profile. Any deviations from this requirement must be pre-approved by the club committee.

Copies of original reports certified by a Justice of the Peace or Commissioner for Declarations must be supplied.

Do not send original documents.

This form, along with appropriate documentation should be forwarded to:

**Dobermann Club of Qld. Inc.
Breed Profile Program
PO Box 16
Moorooka Qld 4105**



IDENTIFICATION DETAILS:-

Name of the Owner of the Dog

CCC(Q) membership number of the owner of the dog

Address of the owner of the dog

Telephone number of the owner of the dog

Tattoo number or microchip ID number of the dog

Dog's Registration Number
(issued by the canine control council or relevant body)

Dog's Registered Name
(including all titles and awards)

Dog's Date of Birth

Sex of Dog (Male/Female)

Primary Colour of Dog (Black/Brown/Blue/Fawn)

Registered Name of the Sire of the Dog
(including all titles and awards)

Registration Number of the Sire of the Dog

Registered Name of the Dam of the
Dog (including all titles and awards)

Registration Number of the Dam of the Dog

Name of the Breeder of the Dog

Breeders Address

Sign and Date the following release:

I warrant that I am the registered owner of the above animal and that the details supplied are true and correct to the best of my knowledge. I authorize the DCQ Inc to make such enquiries as they deem necessary to verify the information contained in this document and permit the use of this information in achieving the aims of the DCQ Inc Breed Profile Program.

Signature of Owner (s) Date

Copies of Certificate of Registration and Tattoo Register Extract/ Microchip Identity Certificate must be submitted with this form.



MEDICAL REPORTS AND CERTIFICATES:-

HIP DYSPLASIA REPORT

Please enter the following details of Hip Dysplasia report

Right Score	<input type="text"/>	Left Score	<input type="text"/>	Total	<input type="text"/>
Date of Test	<input type="text"/>	Grading	<input type="text"/>		

COPIES OF THE A.V.A. /LAVELLE/ PENN HIP, HIP DYSPLASIA REPORT MUST BE ATTACHED.

Von WILLEBRANDS REPORT

Please enter the following details of von Willebrands report:

Please indicate which test was performed:

Please state which Company has performed DNA Test	DNA <u>Vetgen</u>	<input type="text"/>	
	Elisa vWD assay	<input type="text"/>	
Date of Test	<input type="text"/>	Result	<input type="text"/>

COPIES OF THE DNA REPORT OR VON WILLEBRANDS FACTOR REPORT FROM UNIVERSITY OF MELBOURNE (WERRIBEE CLINIC) MUST BE ATTACHED.

EYE REPORT

1. Please enter the following details of the Eye examination:-

Eyelids should be indicated as NORMAL, ENTROPIC, or ECTROPIC; Eye Colour should be indicated as SIMILAR or DISSIMILAR. Where results other than NORMAL and SIMILAR are indicated, an explanatory report should be attached.

Date of Test	<input type="text"/>	Eyelids	<input type="text"/>	Eye Colour	<input type="text"/>
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2. Are any other abnormalities notes (ie cataracts, persistant pupillary membrane or surgical correction)? If Yes, a report should be attached

COPIES OF EYE CERTIFICATE ISSUED BY VETERINARY EYE SPECIALIST ARE ACCEPTABLE OR IN PLACE OF THE ABOVE.



ADDITIONAL BREED INFORMATION:-

PARTICIPATION IN AN NDC(A) WORKING APTITUDE EVALUATION

No

Yes

If Yes please state Where/Host Club _____

Date _____

Evaluator _____

PASS / FAIL please circle result

PARTICIPATION IN AN NDC(A) BREED SURVEY

No

Yes

If Yes please state Where/Host Club _____

Date _____

Surveyor _____

Grading _____

ADDITIONAL INFORMATION REQUIRED

1. Specialty Critique or National Critique (complete)

Tick if included

2. Original Photograph of Dog described in this Profile

Tick if included

3. Other Please Specify.....

Tick if included

