

Record of Litter Inspection (page 1)

____ - Litter _____ Breeder: _____

E-mail: _____

ZB-Number: _____ Whelp date: _____ Landesgruppe: _____

Statement of the Breed Warden / Veterinarian	
	<input type="checkbox"/> The litter was not inspected on site. In this case, please check the box at the beginning of this line and continue with lines 10-12.
	I have inspected the above-named litter at the breeder's premises, and the following observations were made:
1	How did the birth of the litter proceed? <input type="checkbox"/> normal <input type="checkbox"/> Caesarean section
2	Accommodation of the litter? <input type="checkbox"/> home <input type="checkbox"/> pen in barn <input type="checkbox"/> outdoor kennel
3	Size of the area with room for exercise (min. 645 sq. ft./60 sq. m.)? <input type="checkbox"/> yes.....sq. ft. <input type="checkbox"/> no sq. ft.
4	Cleanliness of the breeding site? <input type="checkbox"/> very good <input type="checkbox"/> good <input type="checkbox"/> insufficient
5	Have the requirements of the Breeding Regulations for the housing of a litter been fulfilled? <input type="checkbox"/> ja <input type="checkbox"/> nein
6	Accommodation of other dogs? <input type="checkbox"/> house <input type="checkbox"/> pen in barn <input type="checkbox"/> kennel
7	Care and feeding of the breeding bitch? <input type="checkbox"/> very good <input type="checkbox"/> good <input type="checkbox"/> insufficient
8	Care and feeding of the puppies? <input type="checkbox"/> very good <input type="checkbox"/> good <input type="checkbox"/> insufficient
9	Care and feeding of the other dogs? <input type="checkbox"/> very good <input type="checkbox"/> good <input type="checkbox"/> insufficient
10	Development of the puppies? <input type="checkbox"/> very good <input type="checkbox"/> good <input type="checkbox"/> insufficient
11	De-worming of the puppies? <input type="checkbox"/> regularly <input type="checkbox"/> insufficient
12	Vaccinations <input type="checkbox"/> yes, on: _____ for: _____ <input type="checkbox"/> no
13	Completeness of the kennel book? <input type="checkbox"/> yes <input type="checkbox"/> no

Comments: _____

The litter was inspected on _____ by _____ Signature/Stamp _____

With my signature I acknowledge the kennel inspection (Breeder's Signature) _____

Please carefully fill out the front and back side of the Record of Litter Inspection, sign on the front page and submit to the KIM-GNA Breed Warden without delay!

Record of Litter Inspection (Page 2) _____ - litter _____

Nr.	ZB-Nr.	Name	Chip Number (sticker)	Color, blaze, Jungkl. mark.	Breeding observations
1					<input type="checkbox"/> bite <input type="checkbox"/> tail <input type="checkbox"/> Misc. testicles <input type="checkbox"/> both <input type="checkbox"/> one <input type="checkbox"/> none <input type="checkbox"/> ? umbilical hernia <input type="checkbox"/> yes <input type="checkbox"/> no
2					<input type="checkbox"/> bite <input type="checkbox"/> tail <input type="checkbox"/> Misc. testicles <input type="checkbox"/> both <input type="checkbox"/> one <input type="checkbox"/> none <input type="checkbox"/> ? umbilical hernia <input type="checkbox"/> yes <input type="checkbox"/> no
3					<input type="checkbox"/> bite <input type="checkbox"/> tail <input type="checkbox"/> Misc. testicles <input type="checkbox"/> both <input type="checkbox"/> one <input type="checkbox"/> none <input type="checkbox"/> ? umbilical hernia <input type="checkbox"/> yes <input type="checkbox"/> no
4					<input type="checkbox"/> bite <input type="checkbox"/> tail <input type="checkbox"/> Misc. testicles <input type="checkbox"/> both <input type="checkbox"/> one <input type="checkbox"/> none <input type="checkbox"/> ? umbilical hernia <input type="checkbox"/> yes <input type="checkbox"/> no
5					<input type="checkbox"/> bite <input type="checkbox"/> tail <input type="checkbox"/> Misc. testicles <input type="checkbox"/> both <input type="checkbox"/> one <input type="checkbox"/> none <input type="checkbox"/> ? umbilical hernia <input type="checkbox"/> yes <input type="checkbox"/> no
6					<input type="checkbox"/> bite <input type="checkbox"/> tail <input type="checkbox"/> Misc. testicles <input type="checkbox"/> both <input type="checkbox"/> one <input type="checkbox"/> none <input type="checkbox"/> ? umbilical hernia <input type="checkbox"/> yes <input type="checkbox"/> no
7					<input type="checkbox"/> bite <input type="checkbox"/> tail <input type="checkbox"/> Misc. testicles <input type="checkbox"/> both <input type="checkbox"/> one <input type="checkbox"/> none <input type="checkbox"/> ? umbilical hernia <input type="checkbox"/> yes <input type="checkbox"/> no
8					<input type="checkbox"/> bite <input type="checkbox"/> tail <input type="checkbox"/> Misc. testicles <input type="checkbox"/> both <input type="checkbox"/> one <input type="checkbox"/> none <input type="checkbox"/> ? umbilical hernia <input type="checkbox"/> yes <input type="checkbox"/> no
9					<input type="checkbox"/> bite <input type="checkbox"/> tail <input type="checkbox"/> Misc. testicles <input type="checkbox"/> both <input type="checkbox"/> one <input type="checkbox"/> none <input type="checkbox"/> ? umbilical hernia <input type="checkbox"/> yes <input type="checkbox"/> no
10					<input type="checkbox"/> bite <input type="checkbox"/> tail <input type="checkbox"/> Misc. testicles <input type="checkbox"/> both <input type="checkbox"/> one <input type="checkbox"/> none <input type="checkbox"/> ? umbilical hernia <input type="checkbox"/> yes <input type="checkbox"/> no

Legend:

Colors: **bw** (brown-white), **bs** (brown roan), **hs** (light roan), **mBl** (with blaze), **Jungkl.Abz.** (Jungklaus marking)

Breed observations: **ZGB = bite** (overbite, underbite, missing teeth e.g. C above left missing = C ol-), **ZBR = trail** (kinked tail, missing or tail too short),

ZBH = testicles (both, one, none or questionable), **ZBS = Misc.** (eyes, cleft pharynx, cleft palate, etc.)

Umbilical hernia: yes or no