Small Munsterlander Evaluation

Today's Date:

Registered Name: Whelp Date:

Registration Organization and #:

Call Name: Sex:

Owner's Name:

Address: Email:

City: State: Zip:

Phone: Cell:

Please complete the following, by circling the most appropriate answer.
Ask your veterinarian for assistance, if needed.

BODY DESCRIPTION:

Weight: _____lbs. Which below best describes the body condition at weighing?

AVERAGE MUSCULAR SKINNY OVERWEIGHT

Height: _____cm

Bite: NORMAL BITE BUTT BITE OVERSHOT UNDERSHOT CROSS BITE

Missing/Extra Teeth: NO YES: _____

Testicles Normal? YES NO Umbilical Hernia? YES NO

Eyelids: NORMAL ENTROPION ECTROPION

Skin: NORMAL CLINGING TIGHTLY CLINGING LOOSE VERY LOOSE

Paw Shape: CAT-FOOT HARE-FOOT

Toes: TIGHTLY KNIT SLIGHTLY SPLAYED VERY SPLAYED

COAT DESCRIPTION:

Texture: SILKY/SOFT MODERATELY HARSH HARSH

Density: DENSE SLIGHTLY DENSE OPEN

Appearance: SHINY INTERMEDIATE DULL

Paw Hair Between Toes: NORMAL LITTLE/NONE PRONOUNCED

Skin on inside of thighs is largely: BARE (very few hairs) COVERED (in hair)

TEMPERAMENT WITH STRANGERS:

FRIENDLY SHY ANXIOUS FEARFUL RESERVED AGGRESSIVE