



# **AUSTRALIAN SHEPHERD CLUB OF AMERICA®**

6091 E. State Hwy 21  
Bryan, TX 77808-9652  
[www.asca.org](http://www.asca.org)

p. (979) 778-1082  
f. (979) 778-1898  
manager@asca.org

## **Dog Illness Report**

***To Be Completed by Owner(s)***

Registered name of dog: \_\_\_\_\_

Registration number: \_\_\_\_\_ Owner/Exhibitor: \_\_\_\_\_

Owner/Exhibitor Contact Email/Phone: \_\_\_\_\_

Date symptoms first observed: \_\_\_\_\_

Observed symptoms: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Last show attended information: Affiliate Club \_\_\_\_\_

Location: \_\_\_\_\_ Date of show: \_\_\_\_\_

Has veterinarian been consulted? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, date of veterinarian visit: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Is veterinarian evaluation attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

If veterinarian was not consulted, is consultation planned? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, date of planned consultation: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_