



CCC (Q) t/as DOGS QUEENSLAND
PO BOX 495, FORTITUDE VALLEY QLD 4006
PHONE (07) 3252 2661, FAX (07) 3252 3864



VETERINARY REFERENCE FOR THE BREEDER ACCREDITATION SCHEME



Name of Breeder: _____

Breeder's Membership Number: _____

Breeder's Prefix: _____

Breeder's address: _____

_____ Post Code: _____

Contact phone number(s): _____

I hereby state that I have known the above-mentioned breeder for _____ months / years (circle one) and in my opinion this breeder has provided for the welfare and well-being of all animals I have previously examined.

Signed: _____ Date: ____ / ____ / 20____

Name of veterinarian: _____

Practice address: _____

_____ Post Code: _____

Contact phone number(s): _____