



## Application Kit Bronze Level

The application for Bronze Level consists of:

- application form to be completed by the Owner/Applicant and Veterinarian.
- Veterinary Information sheets to help assist the Veterinarian in assessments.

Dogs are eligible to be certified from 10 months and older.

There will be no pass or fail grades required except for cardiac abnormalities and severe breathing issues.

Assessments may be made by any Board Registered Veterinarian.

Completed Applications should be returned to the Queensland Bulldog Club Health Committee with the application fee to:

Queensland Bulldog Club Health Committee

C/- The Secretary

2 Poole Street

Leichardt Qld 4304

Or electronically lodged to:

[qldbulldogclub@gmail.com](mailto:qldbulldogclub@gmail.com)



## Queensland Bulldog Club

### Bronze Health Certificate Application

#### To Be Completed By Owner:

Registered Name

ANKC Registered Number

Microchip Number

Date of Birth

Sex

Colour

Sire Name and Registration Number

Dam Name and Registration Number

Name of Applicant/Owner(s)

Address

Street Address

City

State

Postcode

Contact Number

Postal Address

Email

- This dog has not undergone upper airway corrective surgery.
- I certify that all the information I have provided is true and correct.
- Please list Certification on QBC Website

Signature if Applicant/Owner

Date

**To Be Completed By Assessing Veterinarian:**

Date of Examination

Name of Examining Veterinary Clinic

Name of examining Veterinarian and AVA number

Veterinary Clinic Address

Phone Number

Please enter a valid phone number.

Email

I have verified the permanent identification of the dog by scanning the microchip and the information matches the permanent identification provided on this form and the original certificate of pedigree issued by a ANKC Ltd (Dogs Australia) Member Body.

- Yes the Microchip matches
- No the microchip does not Match

I have read the information Sheets for Veterinarians. I can confirm that I have examined the dog for the following and that any concerns that I have, if any, will be discussed with the owner.

- Breathing Check
- Skin Condition
- Heart Check
- Eye Check
- Hearing Check

- Spine Check (By palpation)
- Patella grading (Putnam grading)

I can confirm that the dog:

- Has good air intake and is showing no signs of upper respiratory distress. In my opinion would be of no concern to breed from the dog presented on this day
- The Lungs are free from noticeable noise with stethoscope in my opinion.
- Heart is normal and appears to be free of a heart murmur on auscultation when examined.
- Nostrils in my opinion are of a grade 3 or better.

Signature of Veterinarian

Clinic Stamp

## **Information Sheets For Vets**

### **Breathing Check**

Any dog that is exhibiting severe respiratory signs of BOAS that would require surgical intervention should not be used for breeding. Any dog that has undergone airway surgery should not be used for breeding. If the dog is overweight and the Veterinarian considers that weight loss will improve the respiratory function of the dog it may be re-assessed following weight loss and be considered suitable for certification.

Severe is considered moderate to severe stertor or any stridor, moderate to severe inspiratory effort and /or regurgitation of foam/saliva. Dyspnoea; with or without cyanosis. Inability to exercise. Lungs should be free from noticeable noise with stethoscope.

To aid in assessment of respiratory function:

- Functional grading of BOAS, aligned with The University of Cambridge BOAS Grading System.

Physical examination:

- Respiratory patterns:  Normal  Inspiratory effort  Dyspnoea
- Nostrils:  Open  Mild stenosis  Moderate stenosis  Severe stenosis
- Stertors (low pitch noise):  Not audible  Mild  Moderate  Severe
- Stertors (high pitch noise):  Not audible  Mild  Moderate  Severe
- Inspiratory effort:  Not present  Mild  Moderate  Severe
- Cyanosis and/or syncope:  No  Yes
- Heart/lung auscultation:  Normal  Abnormal
- Functional grading:  Grade 0  Grade I  Grade II  Grade III

\*The highest grade from any of the three categories (respiratory noise, inspiratory effort, dyspnoea/cyanosis/syncope) should be given as the final grade.

\*Dogs exhibiting severe respiratory signs or that have undergone corrective airways surgery will not be certified in the Scheme.

### **Skin**

Skin and coat should be of good condition with no inflamed areas, hot spots, bald spots or hair loss/thinning. The dog should be free of Demodectic mange.

### **Heart Check**

The heart should be normal on auscultation. Any abnormalities should be referred to a Cardiac Specialist for further investigation.

\*Dogs without normal heart function and rhythm should not be bred from and will not be certified within the Scheme.

### **Testing Procedure:**

The arterial and venous pulses, mucous membranes, and precordium should be evaluated. Heart rate should be obtained. Cardiac auscultation should be performed in a quiet, distraction-free environment. The animal should be standing and restrained, but sedative drugs should not be used. Panting must be controlled, and if necessary, the dog should be given time to rest and acclimate to the environment. The clinician should be able to identify the cardiac valve areas for auscultation. The examiner should gradually move the stethoscope across all valve areas and should auscultate over the subaortic area, ascending aorta, pulmonary artery, and the left craniodorsal cardiac base. Following examination of the left precordium, the right precordium should be examined.

- The **mitral valve** area is located over and immediately dorsal to the palpable left apical impulse and is identified by palpation with the tips of the fingers. The stethoscope is then placed over the mitral area and the heart sounds identified.
- The **aortic valve** area is dorsal and 1 or 2 intercostal spaces cranial to the left apical impulse. The second heart sound will become most intense when the stethoscope is centered over the aortic valve area. Murmurs originating from or radiating to the subaortic area of auscultation are evident immediately caudoventral to the aortic valve area. Murmurs originating from or radiating into the ascending aorta will be evident craniodorsal to the aortic valve and may also project to the right cranial thorax and to the carotid arteries in the neck.
- The **pulmonic valve** area is ventral and the one intercostal space cranial to the aortic valve area. Murmurs originating from or radiating into the main pulmonary artery will be evident dorsal to the pulmonic valve over the left hemithorax.
- The **tricuspid valve** area is a relatively large area located on the right hemithorax, opposite and slightly cranial to the mitral valve area.
- The clinician should also auscultate along the ventral right precordium (right sternal border) and over the right craniodorsal cardiac border.

**Interpreting Results:** Murmurs that are only detected intermittently or are variable should be so indicated. The radiation of the murmur should be indicated. Grading of heart murmurs is as follows:

**Grade 1** - a very soft murmur only detected after very careful auscultation

**Grade 2** - a soft murmur that is readily evident

**Grade 3** - a moderately intense murmur not associated with a palpable precordial thrill (vibration)

**Grade 4** - a loud murmur; a palpable precordial thrill is not present or is intermittent

**Grade 5** - a loud cardiac murmur associated with a palpable precordial thrill

**Grade 6** - a loud cardiac murmur associated with a palpable precordial thrill and audible even when the stethoscope is lifted from the thoracic wall.

## **Eye Check**

Eyes should be clear from severe problems causing impairment, blindness, corneal ulcers or scarring. Standard Veterinary check for Entropion, Ectropion, Distichiasis, Third Eyelid abnormalities including Cherry Eye, Dry Eye, Pannus and Corneal Scarring. Any abnormalities should be discussed with the owner regarding risks of perpetuating the problems and strategies to breed them out.

## **Hearing Check**

Normal hearing should be established. If impairment is suspected then BAER test is recommended. Ears should be free from any hereditary deformity and canals should be open, clean and disease free.

## **Spine Check**

Spines should be free from palpable deformity. Signs of scoliosis or lordosis would be recommended for further investigation by X-ray. The Veterinarian should advise the owner regarding the advisability of breeding from a dog with spinal deformities.

## **Patella Grading**

Patellas should be graded using the Putnam Patellar Grading System for dogs.

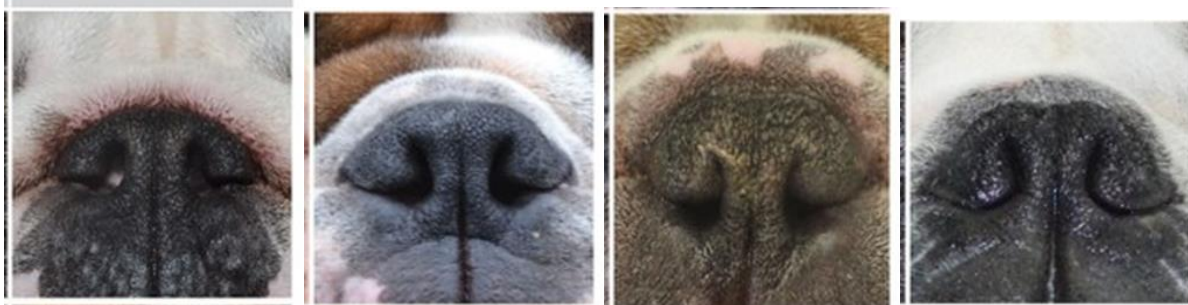
The normal patella has a mild degree of laxity but does not move outside of the trochlear ridges. The patella must be entirely out of the trochlear groove to be considered luxated. The following classification system (Putnam 1968, Koch 1998, Singleton 1969) can be used for grading the severity of patellar luxation:

### **Classification system for patellar luxation:**

- **Grade 0:** Normal
- **Grade 1:** the patella can be manually luxated with the stifle in full extension, but when pressure is released without manipulation of the limb the patella regains its original position in the trochlea. Spontaneous luxation of the patella during normal joint motion rarely occurs. Typically stifle and hock in a straight line with no deviation of the hock.
- **Grade 2:** the patella can be completely luxated, but manipulation of the hind limb (flexion of the stifle) causes the patella to regain its original position in the trochlear. On physical examination, the patella luxates easily, especially when the foot is rotated.
- **Grade 3:** the patella is found (at least once) spontaneously luxated with the animal in a standing position or it is permanently luxated but can be repositioned manually or by manipulating the limb. Very shallow or flattened trochlear.
- **Grade 4:** the patella is permanently luxated and cannot be repositioned. May scarcely be able to walk or may move in a crouched position with both limbs partially flexed, and/or they may carry the affected limb. Trochlea is shallow, absent or even convex.

## Nares Grading

Nares should be graded according to the chart.



Increasing risk of BOAS →

Grade I	Grade II	Grade III	Grade IV
<b>Open nostril</b>	<b>Mildly stenotic nostrils</b>	<b>Moderately stenotic nostrils</b>	<b>Severely stenotic nostrils</b>
Nostrils are wide open. During exercise, the nostril wings should move dorso-laterally (upwards and outwards) to open on inspiration.	Slightly narrowed nostrils but the lateral (outer) nostril wall does not touch the medial (inner) nostril wall. During exercise, the nostril wings should move dorso-laterally (upwards and outwards) to open on inspiration.	The lateral (outer) nostril wall touches the medial (inner) wall at the dorsal (upwards) part of the nostrils and the nostrils are only open at the bottom. During exercise, the nostril wings are not able to move dorso-laterally (upwards and outwards) and there may be nasal flaring (i.e. muscle contraction around the nose trying to enlarge the nostrils but failed).	Nostrils are almost closed. The dog may switch to oral breathing with stress or very gentle exercise such as playing. During exercise, the nostril wings are not able to move dorso-laterally (upwards and outwards) and always presents with nasal flaring.