



The nonprofit PHR is a permanent international open registry for all health conditions affecting Poodles, living and dead, of all varieties everywhere in the world.

Poodle Health Registry Registration Form

Dog's Info

Registered Name of Dog: _____

Call Name: _____ Variety: _____ Sex: M F

Birthdate: _____ Registration #: _____

Sire's Name: _____ Dam's Name: _____

or submit copy of registration form or pedigree showing parentage

Condition/Health Issue (please describe): _____

Age at Diagnosis: _____ Present Age of Dog: _____ Neutered? No Yes

Current Condition of Dog (if deceased, please give date of death): _____

Has Dog Produced Offspring? (if yes, please provide details on separate page): No Yes

Owner's Info & Release

Owner's Name(s): _____

Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

I (We), owners(s) of the dog above described, authorize release of the following health information for the purpose of promotion of Poodle health.

Name: _____ Signature: X _____ Date: _____

Name: _____ Signature: X _____ Date: _____

Diagnostic Information

DX Date: _____

Diagnosis with Type: _____

Veterinarian's Name: _____ License #: _____

Veterinarian's Signature: X _____

Address: _____ Phone: _____

City, State, ZIP: _____

Instructions & Attachments

Medical proof of diagnosis is necessary to maintain the accuracy of the information contained in the Poodle Health Registry. Some health conditions may be registered with alternate proof of diagnosis, such as lab test results, in lieu of veterinarian's signature. **Complete all parts of this form. Attach applicable lab reports and other documentation & pedigree at time of submission. Make it easy on yourself and email the partially filled-in form to your veterinarian for their digital signature. Three submission options - Email to: nancy@phrdatabase.org**

Mail to: PHR, c/o B&E, 4817 California Ave SW, Seattle, WA 98116 USA

Fax to: 206.937.1229

Have questions? Email nancy@phrdatabase.org