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Veterinarian report to detect ribcage deformities in Bengals

NAME OF THE CAT: _____

SEX: _____

DATE OF BIRTH: _____

MICROCHIP NUMBER: _____

REGISTRATION NUMBER: _____

NAME OF SIRE: _____

NAME OF DAM: _____

An x-ray was taken of the cat described above yes no

The cat shows **NO** signs of rib cage deformities yes no

The cat shows signs of FCK yes no

The cat shows signs of PE yes no

Cat's identity was verified yes no

If no, describe why not:

Veterinary's signature

Date

Veterinarian's name, clinic's name and address

Please send this form with the x-rays to: healthreports@bengal-data.com