

# Registration Belgian Shepherd with stomach cancer

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Fill in the form and email it to: [belgian.sc@gmail.com](mailto:belgian.sc@gmail.com)

It is very important that you fill in ALL the fields of the registration

## NOT PUBLISHED PART - USED FOR VERIFICATION OF INFORMATION

Without information about the sender of this form, the dog information will not be published. Information about the sender is needed to verify the dog information, but WILL NOT be published.

I AM THE: Breeder / owner\* OF THE DOG

YOUR NAME: .....

YOUR ADDRESS: .....

YOUR E-MAIL: .....

YOUR TELEPHONE NO.: .....

(optional:) I give permission to pass this form, and possible attachments I provided, to the Breeding Committee of the Dutch Organisation for Belgian Shepherd dogs (NVBH).

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## PUBLISHABLE PART

I ACCEPT THAT MY INFORMATION CAN BE USED AND PUBLISHED

### INFORMATION ABOUT THE DOG

PEDIGREE NAME: .....

DATE OF BIRTH: ..... (dd-mm-yyyy)

DATE OF DEATH: .....(dd-mm-yyyy)

SEX: M / F \*

VARIETY: Groenendael / Tervueren / Laekenois / Malinois

WHAT SYMPTOMS SHOWED THE DOG: losing weight / vomiting / not eating well / other \*

OTHER SYMPTOMS: .....

DATE OF FIRST DIAGNOSIS: ..... (dd-mm-yyyy)

HOW WAS THE OFFICIAL DIAGNOSIS MADE: endoscopic biopsy / surgical biopsy / other \*

OTHER DIAGNOSIS, NAMELY: .....

ARE MEDICATIONS USED: .....

NOTES: .....

.....

\* cross out what is not applicable

- - - FILL IN PEDIGREE ON NEXT PAGE - - -

Internet link to the pedigree: .....

**If not available, fill in the pedigree below:**

**PEDIGREE**

<b>Father:</b>	<b>Grandfather 1:</b>	<b>Great-grandfather 1:</b>
		<b>Great-grandmother 1:</b>
	<b>Grandmother 1:</b>	<b>Great-grandfather 2:</b>
		<b>Great-grandmother 2:</b>
<b>Mother:</b>	<b>Grandfather 2:</b>	<b>Great-grandfather 3:</b>
		<b>Great-grandmother 3:</b>
	<b>Grandmother 2:</b>	<b>Great-grandfather 4:</b>
		<b>Great-grandmother 1:</b>

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