Office Use Only

APPL _____
RAD _____
CK _____

Accredited Breeders Scheme

NZKC
Private Bag 50903, Porirua 5240
Phone: (04) 237-4489; Fax: (04) 237-0721
www.nzkc.org.nz

Office Use Only

Application for Hip/Elbow Dysplasia Database

Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers

Previous application number (if any):		Registration number: 00184-2016	
Registered name: ASHDALE NOT T'KNIGHT JOSEFINE		Sex: BITCH	Colour: BLACK
Breed: LABRADOR RETRIEVER		Date of Birth (dd/mm/yy) 21/10/2015	
ID Number (if any): ☐ Tattoo ☑ Microchip 900108001770872		Registration number of Sire: SR55452701	Registration number of Dam: 02247-2011
Owner Name: DENISE ROBERTS		Date of current examination (dd/mm/yy) 03/11/2016	
Co-owner Name:		Examining veterinarian's name or veterinary hospital: Daniel Cash.	
Mailing address: 211 RYAN RD, RD5 WELLSFORD		Mailing address: Warkworth Veterinary Services 18 Neville St WARKWORTH	
City: AUCKLAND / Postcode: 0975 / Phone: 4314962		City: / Postcode: / Phone:	
Phone (Mobile): 0274263709	email:	Phone (Mobile):	email: clinic@warkworthvets.co.nz

☑ *I declare that the details of the dog described are accurate and relate the the dogs tested.*
☑ *I hereby authorise release of the test results to the NZKC for publication on this dog's pedigree.*
☑ *I give my consent for these results to be used for the purpose of statistical analysis and scientific research and for the statistical and scientific research to be published.*

D Roberts *(Signature of owner)* 03/11/2016 *(Date)*

Veterinary Information

This animal was restrained using:

Chemcial Restraint
1. Anesthesia type a2 + butric
2. Tranquilizer type _____
3. Other type _____

Veterinarian's signature _____

Instructions

Please attach original results for verification or email link to results

I have reviewed the result for the dog described above.

The total hip score/distraction index was R:_____ L:_____

The Elbow Grade was R:_____ L:_____

Signed _____

Official clinic stamp here

☑ I certify that the examination was performed according to the ABS procedure.
☑ **I DID** verify tattoo/microchip information on this dog ☐ **I DID NOT** verify tattoo/microchip information on this dog

Veterinarian Signature — *Date:(Date/Month/Year)* 3.11.16

Fees:
Fees for data base entry by submitter $5.00
Fees for data base entry by NZKC $35.00

Payments can be made by cheque, cash, bank deposit, Visa or Mastercard, payable to The New Zealand Kennel Club Inc

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ *Card Number (Visa or Mastercard)*

_____ *Name on Card*

_____ *Expiry Date*

PLEASE PRINT OUT AND TAKE TO YOUR VETERINARIAN

LAVELLE'S DIAGNOSTIC IMAGING

RB LAVELLE MA Vet MB MRCVS DVR FANZCVS FAVA

ABN755 75202799

Canine Hip & Elbow Dysplasia Evaluation Report

KC Name:	Ashdale Not T' Knight Josefine	Identification No:	900 108 001 770 872
KC Reg No:	00184-2016	Pet Name:	Josie

Date Radiograph taken:	03.11.2016	Breed:	Labrador Retriever
Sex:	Female	DOB:	21.10.2015
Name of Owner:	Denise Roberts	Address:	211 Ryan Road, RD5 Wellsford 0975 NZ
		Email:	Rel1@xtra.co.nz clinic@warkworthvets.co.nz

Sire:	Saddlehill Late Knight Scramble	Dam:	Jancerie Cocoa Bean

The results of the examination will be used at a future date for the purposes of statistical research which will be published. Please check that the particulars above are correct and relate to the dog submitted for radiographic examination by:Warkworth Veterinary Services.

Signature of owner:_____

Please inform Dr R B Lavelle, 80 Ashworths Road, Lancefield, Victoria, 3435 if you object to the use of the results. Telephone (03) 5429 1682 BH

Film quality: Satisfactory

Positioning: Satisfactory

HIP JOINT	RIGHT	LEFT	COMMENT
Norberg angle	0	0	
Subluxation	1	1	
Cranial acetabular edge	1	1	
Dorsal acetabular edge	0	0	
Cranial effective acetabular rim	0	0	
Acetabular fossa	0	0	
Caudal acetabular edge	0	0	
Femoral head/neck exostosis	0	0	
Femoral head recontouring	0	0	
TOTAL	2	2	**Total Score:** 4 (maximum score 106) Breed average cumulative: 12.13 Post 2005 to present: 9.00

Comment:

Elbow Grade: Right :	Normal 0	Left:	Normal 0

Date received for examination: 04.11.2016

Date returned: 05.11.2016

R. B. Lavelle

RB LAVELLE MA Vet MB MRCVS DVR FANZCVSc FAVA