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 Thyroid 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: 00267-2010	
Registered name: Ashdale Georgie-Girl		Sex: Bitch	Colour: Tricolour
Breed: Beagle		Date of Birth (dd/mm/yy) 15/10/2009	
ID Number (if any): ☐ Tattoo ☑ Microchip 900008800620976		Registration number of Sire: 00681-2008	Registration number of Dam: 01275-2008
Owner Name: Denise Roberts		Date of current examination (dd/mm/yy) 6/12/2013	
Co-owner Name:		Examining veterinarian's name or veterinary hospital: Warkworth Vet Clinic	
Mailing address: 576 Woodcocks Rd RD1		Mailing address: 18 Neville St	
City: Warkworth	Postcode: 0981 Phone: 09 4222667	City: Warkworth	Postcode: 0910 Phone: 09 4258244
Phone (Mobile): 027 4263709	email: rel1@xtra.co.nz	Phone (Mobile):	email: warkworthvets@paradise.net.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) _____ (Date)

Instructions

Please print out back page and take to your veterinarian. Please send copies of your laboratory results with this application.

Veterinary Information

Clinical Findings:
☑ Normal
☐ Abnormal signs
☐ Dermatologic ☐ Reproductive ☐ Lethargy
☐ Obesity ☐ Other_____

Veterinary Information

Based on the results of the thyroid profile which included free T4 dialysis, canine thyroid stimulating hormone and thyroglobulin auto-antibodies the animal, at this time, is considered as:

☑ Normal
☐ Positive autoimmune thyroiditis
☐ Positive compensative autoimmune thyroiditis
☐ Idiopathically reduced thyroid function
☐ Equivocal - the ABS recommends that this animal be retested in 3 to 6 months - status uncertain for breeding

Veterinarian Signature _____ 17.12.13 Date

☑ 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 _____ 17.12.13 Date:(Date/Month/Year)

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

4988739501854674 *Card Number (Visa or Mastercard)*

D. Roberts *Name on Card*

02/14 *Expiry Date*

PLEASE PRINT OUT AND TAKE TO YOUR VETERINARIAN