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## Accredited Breeders Scheme

NZKC

Private Bag 50903, Porirua 5240

Phone: (04) 237-4489; Fax: (04) 237-0721

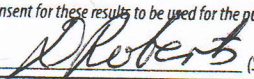
www.nzkc.org.nz

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## 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 Georjie-Girl			Sex: Bitch	Colour: Tricolour	
Breed: Beagle			Date of Birth (dd/mm/yy) 15/10/2009		
ID Number (if any): 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): 0274263709		email: re11@extra.co.nz	Phone (Mobile):		email: warkworthvets@paradise.net.nz

<input checked="" type="checkbox"/> I declare that the details of the dog described are accurate and relate the dogs tested. <input checked="" type="checkbox"/> I hereby authorise release of the test results to the NZKC for publication on this dog's pedigree. <input checked="" type="checkbox"/> 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.	
 (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

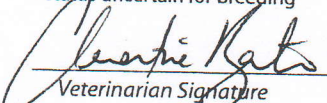
#### Clinical Findings:

- ☒ Normal  
☐ Abnormal signs  
☐ Dermatologic  
☐ Obesity  
☐ Reproductive  
☐ Lethargy  
☐ Other \_\_\_\_\_

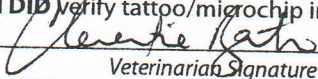
### Veterinary Information

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

<input checked="" type="checkbox"/> I certify that the examination was performed according to the ABS procedure. <input checked="" type="checkbox"/> I DID verify tattoo/microchip information on this dog		<input type="checkbox"/> 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