



NEW ZEALAND
VETERINARY
ASSOCIATION INC

HIP DYSPLASIA SCHEME



New Zealand Kennel Club Inc.

Please complete this form using BLOCK LETTERS

New Zealand Veterinary Association
Postal: PO Box 11-212, Wellington • Physical: Navigate House, Level 2, 69-71 Boulcott St, Wellington
Phone 04 471 0484 • Facsimile 04 471 0494 • Email nzva@vets.org.nz • Web www.vets.org.nz

DOG

NZKC Reg. No 00881-2009

NZKC Registered Name BELVADOR COURT JESTER

Breed LABRADOR RETRIEVER

Tattoo / Microchip 978101080150069

Sex MALE

Age (months) 12

NB. Minimum age for scoring is 12 months

Date of Birth 9/12/08

Colour / Markings CHOCOLATE

SIRE

BEROLEE WILLIAM TRIGG

PGS KROPPSMARKENS HUBBLE BUBBLE OVER THURBATE

DAM

AMVIKAL SPRING SONG

PGD BEROLEE BLUES SINGER

MGS BLACKHILLS FIRE N ICE

MGD AMVIKAL ROMANTIC FLIRT

OWNER

Name DENISE ROBERTS

Address 876 WOODCOCKS RD

RD1

WARKWORTH

Owners Declaration

I hereby declare that:

15 DEC 2009

- (a) The particulars above are correct and relate to the dog submitted for radiographic examination
- (b) The dog has not previously been scored under any other hip dysplasia scoring scheme
- (c) I give my permission for information in this certificate to be incorporated into international statistics and to be used in progeny testing data analysis
- (d) I acknowledge these radiographs are the property of the veterinary practice detailed below

Signature

Date

10/12/09

VETERINARIAN submitting radiographs of anaesthetised dog

Practice WARKWORTH VETS

Vets Name CAMPBELL WOOLLAMS

Address 18 NEVILLE ST

Date of radiography 10/12/09

WARKWORTH

Signature

Date of Signature

10/12/9

ASSESSMENT (for scrutineers use only)

Hip Joint	Right	Left
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Section A

Norberg Angle	0	1
Subluxation	0	3
Cranial Acetabular Edge	0	1

Section A: Whilst the ideal score is 0, a score of 2 or less is acceptable. This component of the score indicates the severity of the joint incongruity. This, together with joint laxity represents the functional abnormalities associated with Hip Dysplasia.

Subtotal score (maximum 36)

Section B

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

Section B: The ideal score is 0. This section reflects the extent of secondary degenerative joint disease changes.

Subtotal score (maximum 70)

Totals

(maximum possible 53 per column)

0 5 5

Total score (maximum 106)

I HEREBY CERTIFY that the above-named animal was examined under the rules of the NZVA Hip Dysplasia Scheme.

Scrutineers

54.61

Date

19/12/09

Signed

OWR

(scheme secretary)

Date

21/12/09

OWNERS COPY



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Femoral Head Recontouring	0	0

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Totals

(maximum possible 53 per column)

0	5	5
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Scrutineers

54.61

Date

19/12/09

Signed

OWR

(scheme secretary)

Date

21/12/09

OWNERS COPY

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: 00881-2009		
Registered name: Belvador Court Jester			Sex: Dog	Colour: Chocolate	
Breed: Labrador Retriever			Date of Birth (dd/mm/yy) 9/12/08		
ID Number (if any): 978101080150069			Registration number of Sire: AF00859101		Registration number of Dam: 01149-2005
Owner Name: Denise Roberts			Date of current examination (dd/mm/yy) 10/12/09		
Co-owner Name:			Examining veterinarian's name or veterinary hospital: Campbell Woolmans		
Mailing address: 576 Woodcocks Rd RDI			Mailing address: 18 Neville St		
City: Warkworth	Postcode: 0981	Phone: 09 4222667	City: Warkworth	Postcode: 09 425 824 4	Phone: 09 425 824 4
Phone (Mobile): 0274263709		email: rel1@extra.co.nz		Phone (Mobile): warkworthvet@paradise.net.nz	

☒ I declare that the details of the dog described are accurate and relate to 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) 10/12/11 (Date)

Instructions

Please attach original results for verification or email link to results

Veterinary Information

This animal was restrained using:

Chemical Restraint

1. Anesthesia type _____
2. Tranquilizer type Dormitor / Butorphanol
3. Other type _____

Veterinarian's signature Campbell Woolmans

☒ 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

Campbell Woolmans (Veterinarian Signature) 15/12/11 (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

Card Number (Visa or Mastercard)

Name on Card

Expiry Date

PLEASE PRINT OUT AND TAKE TO YOUR VETERINARIAN