

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

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Application for Legg-Calve-Perthes 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: 00929-2016		
Registered name: FOR YOUR EYES ONLY W' AFFITUDE			Sex: BITCH	Colour: BLACK	
Breed: AFFENPINSCHER			Date of Birth (dd/mm/yy) 31-10-2015		
ID Number (if any): 300079 000058646	<input type="checkbox"/> Tattoo	<input checked="" type="checkbox"/> Microchip	Registration number of Sire: 02688-2014		Registration number of Dam: 03724-2013
Owner Name: DR K WILK			Date of current examination (dd/mm/yy)		
Co-owner Name:			Examining veterinarian's name or veterinary hospital: DR K WILK		
Mailing address: PO Box 21060 EDGEWARE			Mailing address: TOTAL VETS, 516 GLACESTER ST		
City: CHRISTCHURCH	Postcode: 8143	Phone: 021 701889	City: CHRISTCHURCH	Postcode: 8011	Phone: 3894569
Phone (Mobile):		email:		kirsten@totalvets.co.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.

(Signature of owner) _____ 24 JUL 18 (Date)

Instructions

Radiographs should be permanently identified in the film emulsion with:

1. Registered name and/or number
 2. Name of veterinarian or hospital making the film
 3. Date of radiograph taken
- Pelvic evaluation are based on the standard VD view with good pelvic definition, pelvis not tilted and femurs extended and parallel

Veterinary Information

This animal was restrained using:

Chemical Restraint

1. Anesthesia type _____
2. Tranquillizer type Domitor / Torbugesic
3. Other type _____

Veterinarian's signature _____

Clinical Findings:

☐ Affected

☒ Non Affected

Veterinarian's signature _____

☒ 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) 24-7-18

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