

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 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: 02346-2009		
Registered name: Llanddona Million Dollar Man at Ukalunga			Sex: Male	Colour: Slate and white.	
Breed: Bearded Collie			Date of Birth (dd/mm/yy) 27/12/08		
ID Number (if any): 939 0000000 69955			Registration number of Sire: AA00924004		Registration number of Dam: 07376-2001
Owner Name: B Falconer			Date of current examination (dd/mm/yy)		
Co-owner Name:			Examining veterinarian's name or veterinary hospital: Veterinary Associates		
Mailing address: 181 Bell Road, RD1 Pokero			Mailing address: 152 Great South Road		
City: Auckland	Postcode: 2071	Phone: 09 2336878	City: Takanini	Postcode:	Phone: 09 299 8250
Phone (Mobile):		email: ukalunga@hotmail.com	Phone (Mobile):		email:

<input checked="" type="checkbox"/> I declare that the details of the dog described are accurate and relate to the dogs tested. <input type="checkbox"/> I hereby authorise release of the test results to the NZKC for publication on this dog's pedigree. <input 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)	20/02/12 (Date)

Veterinary Information

This animal was restrained using:

Chemical Restraint

1. Anesthesia type thiopental
2. Tranquilizer type xylocaine/atropine
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: 3 L: 2

The Elbow Grade was R: 0 L: 0

Dr Christie Robinson B.V.Sc
Veterinary Associates
Ph 299 8250

Signed _____

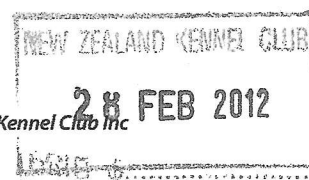
<input checked="" type="checkbox"/> I certify that the examination was performed according to the ABS procedure. <input checked="" type="checkbox"/> I DID verify tattoo/microchip information on this dog <input type="checkbox"/> I DID NOT verify tattoo/microchip information on this dog	
(Veterinarian Signature)	20/02/2012 (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