

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: 02346-2009	
Registered name: CHI LANDONA MILLAR DELAR MAN AT UELUNGA		Sex: Dog	Colour: Slate + white
Breed: Bearded Collie		Date of Birth (dd/mm/yy) 27/12/2008	
ID Number (if any): 939000000069955	<input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip	Registration number of Sire: AA 092400f	Registration number of Dam: 07376-2001
Owner Name: Miss B. J. Falconer		Date of current examination (dd/mm/yy) 05/07/11	
Co-owner Name: 181		Examining veterinarian's name or veterinary hospital: NET FOCUS HAMILTON	
Mailing address: 181 Bell Road, R.D. 1		Mailing address: Glenview Shopping Centre, Oranoro Rd	
City: Pokeno	Postcode: 2012	City: Hamilton	Postcode: 98088822
Phone (Mobile):	email:	Phone (Mobile):	email: Paul@netfocus.co.nz

<input checked="" type="checkbox"/> I declare that the details of the dog described are accurate and relate to 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 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) 22/02/12

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

17/2/2012
 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		17/2/2012 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)

PLEASE PRINT OUT AND TAKE TO YOUR VETERINARIAN