

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: 02674 - 2015	
Registered name: CAUGHT RED HANDED W AFFETUDE		Sex: BITCH	Colour: RED
Breed: AFFENPINCHER		Date of Birth (dd/mm/yy) 29/01/2015	
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip	90007900001508	Registration number of Sire: TR95313203	Registration number of Dam: AP00069301
Owner Name: DR KIRSTEN WYLIE		Date of current examination (dd/mm/yy) 20/12/16	
Co-owner Name:		Examining veterinarian's name or veterinary hospital: DR KIRSTEN WYLIE	
Mailing address: PO Box 21060 EDGWARE		Mailing address: 516 GLOUCESTER ST LINWOOD	
City: CHRISTCHURCH	Postcode: 8143	City: CHRISTCHURCH	Postcode: 8011
Phone (Mobile): 021701889	email: k904gyr@gmail.com	Phone (Mobile):	email: the team @ 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)

20 Dec 2016
(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

20 Dec 2016
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