

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 Congenital Deafness 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: 02818-2016		
Registered name: RAIDEN FLOWERS N CANDY			Sex: BITCH	Colour: BRINDLE	
Breed: BULL TERRIER			Date of Birth (dd/mm/yy) 14/02/2016		
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 990000000349793			Registration number of Sire: 00016-2015		Registration number of Dam: 06563-2011
Owner Name: K JOYCE			Date of current examination (dd/mm/yy) 15/06/2017		
Co-owner Name:			Examining veterinarian's name or veterinary hospital:		
Mailing address: 235 SOUTHFIELD DRIVE			Mailing address:		
City: LINCOLN	Postcode: 7608	Phone: 3252 993	City:	Postcode:	Phone:
Phone (Mobile): 021 137 9328	email: raidenbullterriers@gmail.com		Phone (Mobile):	email:	

☒ I declare that the details of the dog described are accurate and relate to the dogs tested.
☒ I hereby authorise the 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 analysis and scientific research to be published.

K Joyce (Signature of owner) 22-06-17 (Date)

A photocopy of the test result is required to process this application

Veterinary Instructions

The Brainstem Auditory Evoked Response (BAER) test is the only accepted method of diagnosis. One test suffices for the life time of the animal.

Bilateral hearing passes the test. Unilateral or bilateral deafness fails

☒ Hearing (Normal) ☐ Equivocal ☐ Deaf _____ Bilateral _____ Unilateral

☒ 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

[Signature] Veterinary Signature 15 June 2017 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)

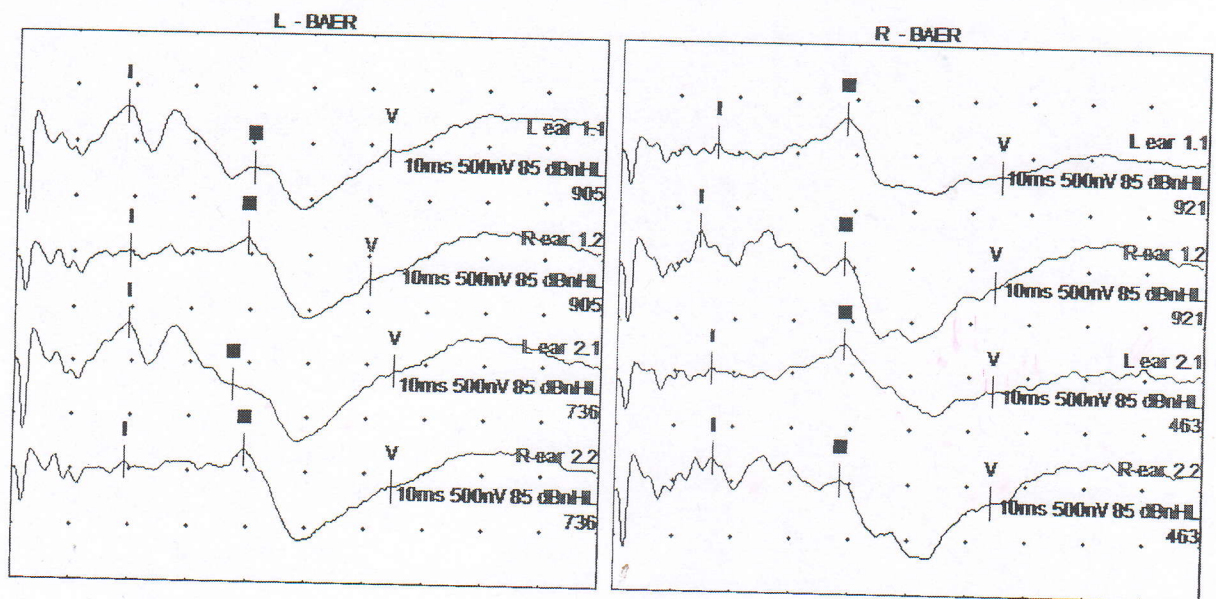
Name on Card

Expiry Date

PLEASE PRINT OUT AND TAKE TO YOUR VETERINARIAN

BAEP HEARING TEST 15th June 2017

Patient ID: TV001 ROXY Joyce Age: 1 Years 4 Months
Sex: Female
Notes: 990000000349793
Raideen Flowers N Candy
02818-2016



Conclusion: Normal hearing bilaterally.

Handwritten signature

Joe Mayhew BVSc, PhD, DSc, FRCVS, DACVIM, DECVN
Veterinary Neurologist