

Office Use Only	
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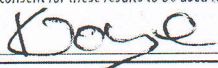
Accredited Breeders Scheme
 NZKC
 Private Bag 50903, Porirua 5240
 Phone: (04) 237-4489; Fax: (04) 237-0721
 www.nzkc.org.nz

Office	_____
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Only	_____

Application for Patellar Luxation 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):		
Co-owner Name:			Examining veterinarian's name or veterinary hospital: <i>Dr K Wille</i>		
Mailing address: 235 SOUTHFIELD DRIVE			Mailing address: <i>510 Gloucester St, Christchurch 8011</i>		
City: LINCOLN	Postcode: 7608	Phone:	City:	Postcode:	Phone:
Phone (Mobile): 021 137 9328	email: raidenbullterriers@gmail.com		Phone (Mobile):	email: <i>Kirsten@totalvets.co.nz</i>	

<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 checked="" 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)	22-06-17 (Date)

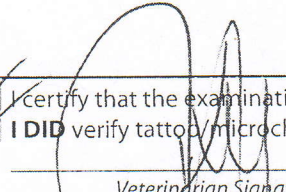
Patellar Examination Results

- Normal**
☒ right ☒ left
- Patellar Luxation**

<input type="checkbox"/> bilateral	<input type="checkbox"/> right	<input type="checkbox"/> left
<input type="checkbox"/> unilateral	<input type="checkbox"/> medial	<input type="checkbox"/> lateral
<input type="checkbox"/> luxated	<input type="checkbox"/> intermittent	<input type="checkbox"/> permanent
<input type="checkbox"/> luxation is:	<input type="checkbox"/> < 2 months	<input type="checkbox"/> 2-6 months
<input type="checkbox"/> age of onset	<input type="checkbox"/> 6-12 months	<input type="checkbox"/> > 12 months

3. Classification of luxation

- ☐ **Grade 1** - The patella easily luxates manually at full extension of the stifle joint, but returns to the trochlea when released.
- ☐ **Grade 2** - There is frequent patellar luxation which, in some cases becomes more or less permanent.
- ☐ **Grade 3** - The patella is permanently luxated with torsion of the tibia and deviation of the tibial crest of between 30 degrees and 50 degrees from the cranial/caudal plane.
- ☐ **Grade 4** - The tibia is medially twisted and the tibial crest may show further deviation medially with the result that it lies 50 degrees to 90 degrees from the cranial/caudal plane.

<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	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