

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 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: 03079-2011	
Registered name: Raiden Smoking Lily		Sex: B	Colour: Brindle + white
Breed: Bull Terrier		Date of Birth (dd/mm/yy) 27-02-2011	
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 900088000328072		Registration number of Sire: 2100094296	Registration number of Dam: 04688-2009
Owner Name: Kathryn Joyce		Date of current examination (dd/mm/yy) 05-04-2012	
Co-owner Name: Diane Denson		Examining veterinarian's name or veterinary hospital: Total Vets Ltd	
Mailing address: 235 Southfield Drive		Mailing address: 516 Gloucester St Christchurch 8011	
City: Lincoln	Postcode: 7608	Phone: 3252 993	City: Ph: 389 4564 www.totalvets.co.nz
Phone (Mobile): 021 137 9328	email: jamo@hug.co.nz	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 checked="" type="checkbox"/> I hereby authorise the 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 analysis and scientific research to be published.	
(Signature of owner) <u>K. Joyce</u> (Date) <u>27-04-2012</u>	

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

<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 <u>[Signature]</u> Date: (Date/Month/Year) <u>5 April 2012</u>	

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)

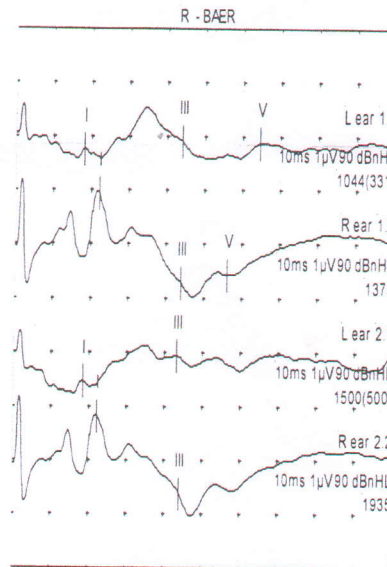
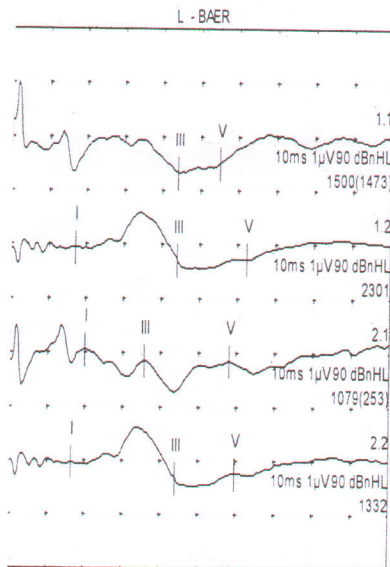
Name on Card

Expiry Date

PLEASE PRINT OUT AND TAKE TO YOUR VETERINARIAN

BAEP HEARING TEST RESULTS

Patient ID: 163247A **Age:** 1 Years 1 Months
Sex: Female
Notes: 900088000328072



Normal hearing bilaterally.

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