

Office Use Only

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RAD \_\_\_\_\_

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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

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## Application for Kidney 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: Ch Raider Smoking Lily		Sex: Female	Colour: Brindle/White
Breed: Bull Terrier		Date of Birth (dd/mm/yy) 27-2-2011	
ID Number (if any): <input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip	Registration number of Sire: 200094296		Registration number of Dam: 04688-2009
Owner Name: Kathryn Joyce		Date of current examination (dd/mm/yy) 23 Dec 2013 0600	
Co-owner Name: Diane Denson Jo Davis		Examining veterinarian's name or veterinary hospital:	
Mailing address: 307 Hinds St		Mailing address: Avonhead Vets 207 Withells Road Christchurch 8042 Phone: 03-358-4407	
City: Dunedin	Postcode: 7510	City: Christchurch	Postcode: 8042
Phone (Mobile): 021760050	email:	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.

[Signature] (Signature of owner) 23-12-13 (Date)

### Veterinary Information

- ☒ Normal: <0.5 UP/UC Ratio
- ☐ Abnormal: >0.5 UP/UC Ratio
- ☐ Actual Value Reported (attach copy of laboratory report)



☒ 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] Veterinarian Signature 23 Dec 2013 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



## Polycystic Kidney Disease Screening Examination Findings

PATIENT INFORMATION					
Owner/agent name <i>K. Joyce</i>		City <i>Christchurch</i>		Phone number	
Animals registered name <i>Raiden Smoking Lily</i>		Breed <i>Bull Terrier</i>	Date of birth <i>27/2/11</i>	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input type="checkbox"/> Intact <input type="checkbox"/> Desexed
Animals registration number <i>03079-2011</i>		Sire's registration number <i>2100094296</i>		Dam's registration number <i>04688-2009</i>	
I certify that I am the owner of or agent for this animal, and that the animal presented for examination is described above.					
Owner/agent: <i>K. Joyce</i>				Date: <i>14-05-2012</i>	
VETERINARIAN INFORMATION					
Name <i>R. J. Lucy</i>		Date of examination <i>5/4/12</i>		Equipment make/model <i>ATL 3000 8-5 MHz curved</i>	
Address <i>St Albans Vet Practice Cranford St. Chch.</i>				Phone number <i>3556747</i>	
PHYSICAL EXAMINATION					
Weight: _____ <input type="checkbox"/> kg		Any other relevant findings:			
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating		<i>Healthy dog.</i>			
<input type="checkbox"/> Other, describe:					
Comments:					
ULTRASOUND FINDINGS					
Left kidney size: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Enlarged <input type="checkbox"/> Small			Cysts present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Right kidney size: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Enlarged <input type="checkbox"/> Small					
Comments: <i>Normal examination</i>					
ASSESSMENT/DIAGNOSIS					
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Equivocal <input type="checkbox"/> Findings consistent with polycystic kidney disease			Comments: <i>Normal examination.</i>		
RECOMMENDATIONS					
Recheck examination: <input checked="" type="checkbox"/> None <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years					
Comments:					
Veterinarian's signature <i>R. J. Lucy</i>		Area of specialty <i>BSVSc (BSc) MRCVS (Dist.)</i>		Date <i>5/4/12</i>	

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