

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 Hip/Elbow Dysplasia 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: 03146-2010		
Registered name: Carrickview Romy Girl			Sex: Bitch	Colour: Black	
Breed: Labrador Retriever			Date of Birth (dd/mm/yy) 12/01/10		
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 982 009 106 237 689			Registration number of Sire: 09001-2002		Registration number of Dam: 06376-2007
Owner Name: Denise Roberts			Date of current examination (dd/mm/yy) 14/01/11		
Co-owner Name:			Examining veterinarian's name or veterinary hospital: Campbell Woodlams		
Mailing address: 576 Woodcocks Rd RDI			Mailing address: 18 Neville St		
City: Warkworth	Postcode: 0981	Phone: 09 4222667	City: Warkworth	Postcode:	Phone: 09 425 8246
Phone (Mobile): 0274 263709	email: rel1@tra.co.nz		Phone (Mobile):	email: warkworthvets@paradise.net.nz	

<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.	
<u>D Roberts</u> (Signature of owner)	<u>10/12/11</u> (Date)

Instructions

Please attach original results for verification or email link to results

Veterinary Information

This animal was restrained using:

Chemical Restraint

1. Anesthesia type _____
2. Tranquilizer type Dormitor / Butorphanol
3. Other type _____

Veterinarian's signature Chadman

<input checked="" type="checkbox"/> I certify that the examination was performed according to the ABS procedure. <input type="checkbox"/> I DID verify tattoo/microchip information on this dog <input checked="" type="checkbox"/> I DID NOT verify tattoo/microchip information on this dog	
<u>Chadman</u> Veterinarian Signature	<u>15/12/11</u> 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



HIP DYSPLASIA SCHEME



Please complete this form using BLOCK LETTERS

New Zealand Veterinary Association
Postal: PO Box 11-212, Wellington • Physical: Level 2, 44 Victoria St, Wellington (Courier)
Phone 04 471 0484 • Facsimile 04 471 0494 • Email nzva@vets.org.nz • Web www.vetspace.org.nz

DOG		NZKC Registered Name	CARRICKVIEW ROXY GIRL
NZKC Reg. No	03146-2010	Tattoo / Microchip	982009106237689
Breed	LABRADOR	Age (months)	12
Sex	BITCH	NB. Minimum age for scoring is 12 months	
Colour / Markings	BLACK	Date of Birth	12/01/10
SIRE		SS AMVIKAL MCKILLOP'S LAD	
FLAGSTAFF BLACK BEAR		SD FLAGSTAFF FULLON	
DAM		DS CH PENQUITE OUT OF THE BLUE	
RIVERLEA LEARNING TO FLY		DD CH ROUGHFIELD CARMELLO-SPICZA	
AT DORIMOR			

OWNER	Name	DENISE ROBERTS
18 JAN 2011	Street Address	576 WOODCOCKS RD
Owners Declaration		RDI
I hereby declare that:		WARKWORTH
(a) The particulars above are correct and relate to the dog submitted for radiographic examination		
(b) The dog has not previously been scored under any other hip dysplasia scoring scheme		
(c) I give my permission for information in this certificate to be incorporated into international statistics and to be used in progeny testing data analysis		
(d) I acknowledge these radiographs are the property of the veterinary practice detailed below		
Signature	Date	14/1/11

VETERINARIAN submitting radiographs of anaesthetised dog	Practice	WARKWORTH VETS
Vets Name	Address	18 NEVILLE ST
CAMPBELL WOOLLAMS		WARKWORTH
Date of radiography		
14/01/11		
Signature	Date of Signature	14/01/11
Chlothe		

ASSESSMENT (for scrutineers use only)			
Hip Joint	Right	Left	
Section A			
Norberg Angle	0	0	
Subluxation	2	2	
Cranial Acetabular Edge	1	1	6
			Subtotal score (maximum 36)
Section B			
Dorsal Acetabular Edge	0	0	
Cranial Effective Acetabular Rim	0	0	
Acetabular Fossa	1	1	
Caudal Acetabular Edge	0	0	
Femoral Head / Neck Exostosis	0	0	
Femoral Head Recontouring	0	0	2
			Subtotal score (maximum 70)
Totals			
(maximum possible 53 per column)	4	4	8
			Total score (maximum 106)

A guide to the scoring system and its interpretation is available on the NZVA website: www.vetspace.org.nz

I HEREBY CERTIFY that the above-named animal was examined under the rules of the NZVA Hip Dysplasia Scheme.			
Scrutineers		Date	4/2/11
Signed	(scheme secretary)	Date	
OWNERS COPY			