

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 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: 03586-2014	
Registered name:		Sex: Bitch	Colour: Yellow
Breed: Labrador Retriever		Date of Birth (dd/mm/yy): 28/04/2014	
ID No: 934000090026318	Microchip	Registration number of Sire: 02748-2013	Registration number of Dam: 06473-2010
Owner Name: Denise Roberts		Date of current examination (dd/mm/yy): 05/05/2015	
Co-owner Name:		Examining veterinarian's name or veterinary hospital: Daniel Cash	
Mailing address: 576 Woodcocks Rd, RDI		Mailing address: 18 Neville St, Warkworth	
City: Warkworth	Postcode: 0981	City: Auckland	Postcode: 0910
Phone (Mobile): 0274263709	email: rel1@extra.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 release of the test results to the NZKC for publication on this dog's pedigree. <input 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: <u>Denise Roberts</u>	Date: <u>4/5/15</u>

### Veterinary Information

This animal was restrained using:

Chemical Restraint

1. Anesthesia type: Domitor / Butorphanol
2. Tranquilizer type: \_\_\_\_\_
3. Other type: \_\_\_\_\_

Veterinarian's signature: \_\_\_\_\_

### Instructions

Please attach original results for verification or email link to results

I have reviewed the result for the dog described above.

The total hip score/distraction index was R: 0 L: 0

The Elbow Grade was R: 0 L: 0

Signed: \_\_\_\_\_

Official  
clinic  
stamp here

<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 type="checkbox"/> I DID NOT verify tattoo/microchip information on this dog	
Veterinarian Signature: _____	Date: <u>11.5.2015</u> (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

ORIGINAL

8092

## HIP AND ELBOW DYSPLASIA GRADING SCHEME

Dr R J Rawlinson BVSc, DVR, FACVSc  
 ABN 99 577 155 747  
 PO Box 1626  
 Mt. Barker  
 South Australia 5251  
 Tele/Fax (08) 8391 0079  
 E-mail [robrawlo@live.com.au](mailto:robrawlo@live.com.au)

PLEASE NOTE THAT CREDIT WILL BE  
 EXTENDED ONLY TO VETERINARY  
 PRACTICES.  
 OWNERS MUST INCLUDE PAYMENT

PLEASE PRINT ALL DETAILS AND PROVIDE FULL POSTAL ADDRESS

KC Registered Name Jancerie Chilli Pepper For Ashdale Kennel Club No. 03586-2014

Microchip No. 934000090026318 Steril: 01/01/2017

Breed Labrador Retriever Sex B Date Born 28/4/2014 Date X-Rayed 05/05/2015

Sire Ashdale Red Label For Jancerie PGS Riorocks Red Ryder At Davikas (USA)  
 PGD Blackfork Cherry Fizz At Ashdale (Imp USA)

Dam Jancerie Butterbean MGS Jancerie Mellow Yellow  
 MGS Jancerie Buttercup

Owner's Name Denise Roberts

Address 576 Woodcocks Rd, RD 1, Warkworth 0981, NZ

Phone No. 064 094222667 M 0274263709 Fax/E-Mail rel1@extra.co.nz

I declare that (a) the particulars above relate to the dog x-rayed;  
 (b) I give consent for the result to be submitted for statistical analysis;  
 (c) I give consent for the statistical analysis to be published.

Owner's signature D Roberts Date 05/05/2015

Veterinarian taking x-ray Daniel Cash Signature [Signature]

Address: Warkworth Veterinary Services Ltd

Phone No. 18 NEVILLE STREET WARKWORTH Fax/E-mail warkworthvets@paradise.net.nz  
 (09) 425 8244

## HIP SCORE

## HIP GRADE

Hip	Right	Left
Norberg Angle	<input type="radio"/>	<input type="radio"/>
Subluxation	<input type="radio"/>	<input type="radio"/>
Cranial acetabular edge	<input type="radio"/>	<input type="radio"/>
Dorsal acetabular edge	<input type="radio"/>	<input type="radio"/>
Cranial eff. acet.rim	<input type="radio"/>	<input type="radio"/>
Acetabular fossa	<input type="radio"/>	<input type="radio"/>
Caudal acetabular edge	<input type="radio"/>	<input type="radio"/>
Fem. Neck exostosis	<input type="radio"/>	<input type="radio"/>
Fem. head recontouring	<input type="radio"/>	<input type="radio"/>
Total	<input type="radio"/>	<input type="radio"/>

Australian Grade 0 1 2 3 4 5 6

International Grade A B C D E

Score 0

## ELBOW GRADE

Right UAP 0 1 2 3 ( mm)

Left UAP 0 1 2 3 ( mm)

Dr. R J Rawlinson

[Signature]

Date

11/05/15