

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: 04652-2009		
Registered name: CH OPOURERE DELTA DAWN AT SHASTA			Sex: B	Colour: Blue Fawn	
Breed: American Staffordshire Terrier			Date of Birth (dd/mm/yy) 19/03/09		
ID Number (if any): 941 000 003 255 661			Registration number of Sire: 09138-2005		Registration number of Dam: 06951-2006
Owner Name: Sonya Bennett			Date of current examination (dd/mm/yy) 27/09/2011		
Co-owner Name:			Examining veterinarian's name or veterinary hospital: NICHOLAS PALLIN BVSc.		
Mailing address: 3 Bann Street, Island Bay			Mailing address: 8 BROOKLYN RD		
City: Wellington	Postcode: 6023	Phone: 9389553	City: WGTN	Postcode: 6011	Phone:
Phone (Mobile): 0274262337	email:		Phone (Mobile): 043850303	email:	

☒ I declare that the details of the dog described are accurate and relate to the dogs tested.

☒ I hereby authorise 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 and scientific research to be published.

Bennett (Signature of owner) _____ (Date)

Instructions

Please attach original results for verification or email link to results

Central Vet Hospital Ltd.
8 Brooklyn Road
Wellington

Ph. (04) 385-0303 Fax (04) 385-7946

Email: info@centralvet.org.nz

Veterinary Information

This animal was restrained using:

- Chemical Restraint
1. Anesthesia type propofol / Isoflurane
 2. Tranquilizer type _____
 3. Other type _____

Veterinarian's signature _____

☒ 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) _____ (Date: (Date/Month/Year) 10/10/2011)

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

Please complete this form using BLOCK LETTERS

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

DOG NZKC Registered Name OPOURERE DELTA DAWN AT SHASTA
 NZKC Reg. No 04652-2009 Tattoo / Microchip 941000003255661
 Breed AMERICAN STAFFORDSHIRE TERRIER Age (months) _____ NB. Minimum age for scoring is 12 months
 Sex FEMALE Date of Birth 17.03.2009
 Colour / Markings _____
 SIRE OZZIEB ICEBLUE WATER SURF SS CH ELGARIMBLU IN THE MAKIN
 DAM BLUSKY AZULIKE SD BINDIBLUES BALI
 DS CH ELGARIMBLU IN THE MAKIN
 DD WAY JAY MYSTIC SKY

OWNER Name SONYA BENNETT
 Address 3 BANN ST
ISLAND BAY
WELLINGTON
 29 SEP 2011
Owners Declaration
 I hereby declare that:
 (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 S. Bennett Date 27/9/11

VETERINARIAN submitting radiographs of anaesthetised dog Practice CENTRAL VET HOSPITAL LTD
 Address 8 BROOKLYN ROAD
BROOKLYN
WELLINGTON
 Vets Name DR NICK PALLIN
 Date of radiography 27.09.2011
 Signature N. Pallin Date of Signature 27.09.2011

ASSESSMENT (for scrutineers use only)

Hip Joint	Right	Left
Section A		
Norberg Angle	<u>0</u>	<u>0</u>
Subluxation	<u>3</u>	<u>3</u>
Cranial Acetabular Edge	<u>1</u>	<u>2</u>
		<u>9</u>
		Subtotal score (maximum 36)
Section B		
Dorsal Acetabular Edge	<u>0</u>	<u>0</u>
Cranial Effective Acetabular Rim	<u>0</u>	<u>0</u>
Acetabular Fossa	<u>1</u>	<u>1</u>
Caudal Acetabular Edge	<u>0</u>	<u>0</u>
Femoral Head / Neck Exostosis	<u>2</u>	<u>2</u>
Femoral Head Recontouring	<u>0</u>	<u>0</u>
		<u>6</u>
		Subtotal score (maximum 70)
Totals (maximum possible 53 per column)		
	<u>7</u>	<u>8</u>
		<u>15</u>
		Total score (maximum 106)

Section A: Whilst the ideal score is 0, a score of 2 or less is acceptable. This component of the score indicates the severity of the joint incongruity. This, together with joint laxity represents the functional abnormalities associated with Hip Dysplasia.

Section B: The ideal score is 0. This section reflects the extent of secondary degenerative joint disease changes.

I HEREBY CERTIFY that the above-named animal was examined under the rules of the NZVA Hip Dysplasia Scheme.
 Scrutineers 54 Date 6/10/11
 Signed [Signature] (scheme secretary) Date 7-10-11

OWNERS COPY