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):	ation number:	
	04910 -	-2010
Registered name:	0 0 1	Colour: Lives d
Ch Hotwyr Lock Stock & Barrel	Male	white.
Read:	Birth (dd/mm/yy)	
German Wire Haired Pointer	30-04-1	
ID Number (if any): Tattoo Microchip Registrat	ation number of Sire:	Registration number of Dam:
941000014103318	× ^(E)	
	current examination (dd/mm/yy)	
W. KOBERTSON	19-11-20	12
Co-owner Name: Examinin	ing vecerinarian's name or vecerinary hospital:	
	L.	ROBERTS
Mailing address: 9, CH6DWORTH Mailing a	address: SHIKLEY V	STERINARY CONTE
BISHOPOALE, CHRISTOHURO	H P.O.BOX 2	7140 SHIRLEY LIN
City Postcode: Phone: City:		Postcode: Phone:
CHRISTCHURCHE.	CHRISTOHURU	1 8640 03385
Phone (Mobile): email: Phone (M		email:
1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		
I declare that the details of the dog described are accurate and relate the the dogs tested.	useria .	
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	cal and scientific research to be published	
	air aira scientine research to be published.	
(Signature of owner)	(Date)	
	uctions	an ana di Balaka manda
D. ad ACD Invarahero	ttach original results for verification of	
1. Anesthesia type Proposol + Softworase	eviewed the result for the dog describ	ped above.
	I hip score/ distraction index w as	R: 4 L: 5
3. Other type		R: 1(9) L: B
	ow Grade was	R:_1(9) L:
Veterinarian's signature		
141661136		
	1 (M) 100	us cinc
Signed_	MICH	VSC stamphere
		*
I certify that the examination was performed according to the ABS pro-	ocodura	
☐ I DID verify tattoo/microchip information on this dog ☐ I DID NOT v	redure. verify tattoo/microchin inform	nation on this dog
- la MACO Como	11.03.13	attori on time dog
Veterinarian Signature	Date:(Date/Month/Year)	
Foor		
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		
	8	
Card Number (Visa or Mastercard) Name on Card		Expiry Date



Scrutineer

Signed

HIP DYSPLASIA SCHEME



Please complete this form using BLOCK LETTERS

New Zealand Veterinary Association

Postal: P0 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.v Email nzva@vets.org.nz • Web www.vetspace.org.nz DOG NZKC Registered Name NZKC Reg. No Microchip (*Required) Breed Tattoo Sex Age (months) NB. Minimum age for scoring is 12 months Date of Birth 30 / Colour / Markings SIRE SS SD DAM DS DD OWNER / AGENT (circle one) Name WADE - DEC 2012 Address **Owners / Agent 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 Date VETERINARIAN submitting radiographs of anaesthetised dog Practice Shine Street Address Vets Name Date of radiography I hereby declare that I have scanned and verified the microchip number and identity of this animal Signature Date of Signature ASSESSMENT (for scrutineer use only) **Hip Joint** Right Left Section A Section A (Conformation): Whilst the ideal score is 0, a score of 2 or less per hip is acceptable. This component of the score indicates the severity of the Norberg Angle joint incongruity. This, together with joint laxity represents the functional Subluxation Cranial Acetabular Edge Subtotal score (maximum 36) Section B Dorsal Acetabular Edge Cranial Effective Acetabular Rim Section B (Secondary Degenerative Change): The ideal score is 0. This section reflects the extent of secondary degenerative joint disease changes. Acetabular Fossa Caudal Acetabular Edge Femoral Head / Neck Exostosis Femoral Head Recontouring Subtotal score (maximum 70) **Totals** (maximum possible 53 per column) 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.

(scheme secretary)

Date

Date



Signed

ELBOW 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 Phone 04 471 0484 • Facsimile 04 471 0494 • Email nzva@vets.org.nz • Web www.vetspace.org.nz		
NZKC Reg. No 04910 - 2010 Breed German Wivehaired Faint Sex Male	Age (months) 30.5 NB. Minimum age for scoring is 12 months	
Colour/Markings Livey and White SIRE Kimmax Bolt (imp-ux) DAM Hotwuy She's - Charmed	Date of Birth 30/04/2010 SS UVI Vom Liether-Moov SD Joschi III Del Zeffino at Kin DS Kovskole X press Klass DD Kimmax Kontessa.	
Owners / Agent Declaration I hereby declare that: (a) The particulars above are correct and relate to the dog submitted for radiographi (b) The dog has not previously been scored under any other elbow dysplasia scorin (c) I give my permission for information in this certificate to be incorporated into int (d) I acknowledge these radiographs are the property of the veterinary practice deta	Name WADE ADDERTSON Address 9 CHEDWORTH AVE BISNOPDAVE CHCH c examination g scheme ernational statistics and to be used in progeny testing data analysis	
Signature	Date	
VETERINARIAN submitting radiographs Vets Name Les Ley J. Roysers Date of radiography 1944 November 2012 I hereby declare that I have scanned and verified the microchip number and identity of this animal.	Practice Shirley Veterray Centre Street Address 15 Marshard Kd Chirley Christcheurd	
rignature LI POLL POUSC	Date of Signature 19-11-12	
GRADING The grade given is based on the amount of arthritis in each joint. Arthritis indicates elbow dysplasia is present. Grades range from 0 (free of arthritis) to 3 (severe arthritis). Please refer to the explanatory sheet entitled 'Interpretation of Grades' for a full explanation. This is available from your veterinarian or the New Zealand Veterinary Association. Statistics for each breed evaluated are printed from time to time in the New Zealand Kennel Gazette.		
ASSESSMENT (for scrutineer use only) RIGHT FORE	LEET FORE	
Grade DYSPLASTIC	ACCREDITED	
Status Comments		
suspected unionited model exicondyk (SDF and so fragmork laiderally separateto ED score. (concurrent finding only)		
I HEREBY CERTIFY that the above-named animal was examined under the rules of the NZVA Elbow Dysplasia Scheme.		

Date

(scheme secretary)