

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 Legg-Calve-Perthes 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: 04933-2017		
Registered name: CH I'M THE ENTERTAINER AT AFFINDE			Sex: DOG	Colour: BLACK	
Breed: AFFENPINSCHER			Date of Birth (dd/mm/yy) 23-02-17		
ID Number (if any): 900141800002144			Registration number of Sire: 03191-2012		Registration number of Dam: 02674-2015
Owner Name: DR K. WYLIE			Date of current examination (dd/mm/yy)		
Co-owner Name:			Examining veterinarian's name or veterinary hospital: DR K. WYLIE		
Mailing address: PO BOX 21060 EDGEWARE			Mailing address: TOTAL VETS, 516 GLOUCESTER ST		
City: CHRISTCHURCH	Postcode: 8143	Phone: 021701889	City: CHRISTCHURCH	Postcode: 8011	Phone: 3894564
Phone (Mobile):	email:		Phone (Mobile):	email: kirsten@totalvets.co.nz	

- ☒ 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.

(Signature of owner)

(Date)

### Instructions

Radiographs should be permanently identified in the film emulsion with:

1. Registered name and/or number
2. Name of veterinarian or hospital making the film
3. Date of radiograph taken
  - Pelvic evaluation are based on the standard VD view with good pelvic definition, pelvis not tilted and femurs extended and parallel

### Veterinary Information

This animal was restrained using:

Chemical Restraint

1. Anesthesia type \_\_\_\_\_
2. Tranquillizer type Dominator / rompun 300
3. Other type \_\_\_\_\_

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

Clinical Findings:

- ☐ Affected
- ☒ Non Affected

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

Veterinarian's Signature

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