

Accredited Breeders Scheme

NZKC

Private Bag 50903, Porirua 5240

Phone: (04) 237-4489; Fax: (04) 237-0721

www.nzkc.org.nz

Office Use Only

APPL _____

RAD _____

CK _____

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: 05458-2011.		
Registered name: LANDONA ANGEL IN DISGUISE OF UKULUNGA.			Sex: FEMALE		Colour: SLATE/WHITE
Breed: BEARDED COLLIE			Date of Birth (dd/mm/yy) 22/06/2011.		
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 982 000 167 873 695.			Registration number of Sire: DN 19640202.		Registration number of Dam: 02344-2009.
Owner Name: BRONWYN FALCOWER			Date of current examination (dd/mm/yy) 29/12/2013		
Co-owner Name:			Examining veterinarian's name or veterinary hospital: Mark Clinning		
Mailing address: 181 BELL RD, RD 1			Mailing address: M. Clinning B.V.Sc (Hons) Veterinary Associates PH 299 8250		
City POKENO	Postcode: 2471	Phone (09) 2336878	City:	Postcode:	Phone:
Phone (Mobile): 021 1246 394.	email: ukulunga@hotmail.com		Phone (Mobile):		email: VETERINARY ASSOCIATES TAKANINI 152 A Great South Rd Takanini vets@netvet.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)

Veterinary Information

This animal was restrained using:

Chemical Restraint

1. Anesthesia type general anesthesia
2. Tranquilizer type posei
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: 1 L: 0

The Elbow Grade was R: 0 L: 0

Signed _____

Official
clinic
stamp here

- ☒ 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 Signature Date: (Date/Month/Year) 01/APR/2014

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

ORIGINAL

4533

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

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 Llanddona Angel in Disguise of Ukulunga Kennel Club No. 05458-2011
Microchip No. 982000167873695

Breed Bearded Collie Sex F Date Born 22/06/11 Date X-Rayed 09/12/13

PGS CH Arlin full circle
Sire AM CH Aellen at of the Blue PGD CH Aellen Haste Be shasta RNP PT

MGS NZB Aust CH. Pastora sweet William
Dam CH Llanddona Ebony N Ivory MGS GR CH Llanddona Hosanna

Owner's Name Bronwyn J Falconer

Address 181 Bell Road, Mangatawhiri, RD1, Pokeno 2471

Phone No. H (09) 223-6878 M _____ Fax/E-Mail Ukulunga @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 _____ Date 9/12/13

Veterinarian taking x-ray M. Clinning B.V.Sc (Hons) Signature _____
Veterinary Associates
Ph 299 8250

Address: 152a Great South Road, Takapuna, Auckland, 2112

Phone No. (09) 299-8250 Fax/E-mail reproduction @vetnet.co.nz

HIP SCORE

Hip
Norberg Angle
Subluxation
Cranial acetabular edge
Dorsal acetabular edge
Cranial eff. acet.rim
Acetabular fossa
Caudal acetabular edge
Fem. Neck exostosis
Fem. head recontouring
Total

Right	Left
0	0
1	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
1	0

HIP GRADE

Australian Grade 0 1 2 3 4 5 6

International Grade A² B C D E

Score 1

ELBOW GRADE

Right UAP 0 1 2 3 (mm)

Left UAP 0 1 2 3 (mm)

Dr. R J Rawlinson

Dr. R J Rawlinson

Date 24/12/2013