

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
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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: 058 02-2014	
Registered name: Cowanheights Uptown Girl at Ahohale		Sex: Bitch	Colour: Chocolate
Breed: Labrador Retriever		Date of Birth (dd/mm/yy): 18/08/2014	
ID Number (if any): 900108001654173	<input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip	Registration number of Sire: 001249378	Registration number of Dam: 00437-2013
Owner Name: Denise Roberts		Date of current examination (dd/mm/yy): 04/11/2015	
Co-owner Name:		Examining veterinarian's name or veterinary hospital: Warkworth Vets, Dr Cash	
Mailing address: 211 Ryan Rd RD 5		Mailing address: 18 Neville St	
City: Wellsford	Postcode: 0975	City: Warkworth	Postcode: 0910
Phone (Mobile): 0274263709	Phone: 4314962	Phone (Mobile):	Phone: 094258244
email: re@laxtra.co.nz		email: warkworthvets@paradise.net.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.

D Roberts (Signature of owner)

4/11/15 (Date)

Veterinary Information

This animal was restrained using:

Chemical Restraint

1. Anesthesia type 02/ 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

- ☒ 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)

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

9721

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 Cowanheights Uptown Girl at Ashdale Kennel Club No. 05802-2014
 Microchip No. 900108001654173 *fig 12*
 Breed Labrador Retriever Sex B Date Born 18/8/14 Date X-Rayed 4/11/15
 Sire NZ & Can CH Eagertrieves PGS Nipntuck Eagertrieves Mezmerize (USA)
Downtown Brown (Imp Can) PGD Eagertrieves Meant to do That (Can)
 Dam CH ELLA ELE L'A OF MGS NZ CH Berokee William Trigg (Imp UK)
Lonegum MGS Asha of Lonegum
 Owner's Name Denise Roberts
 Address 211 Ryan Rd RD 5 Wellsford, NZ
 Phone No. H 4314962 M 0274263709 Fax/E-Mail re 12 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 4/11/15

Veterinarian taking x-ray Daniel Cash Signature [Signature]

Address: WARKWORTH VETS

Phone No. 18 NEVILLE STREET

Fax/E-mail (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 A¹ 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 16/11/15