



NZVA
New Zealand Veterinary Association

ELBOW DYSPLASIA SCHEME



New Zealand Veterinary Association Postal: PO Box 11-212, Wellington Physical: Level 2, 44 Victoria Street, Wellington
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DOG		Please complete this form using BLOCK LETTERS		NZKC Registered Name <u>LUXHANGOLD CHAMPAGNE CHARLI</u>	
Registration No	<u>05806-2015</u>	NZKC / other		Microchip (required)	<u>982000S63320319</u>
Breed	<u>Golden Retriever</u>			Tattoo (if present)	
Sex	<u>Bitch</u>			Date of Birth	<u>16-02-2015</u> dd/mm/yyyy
Colour / Markings	<u>Dark Gold</u>			Age (months)	<u>22</u> NB. Minimum age for scoring is 12 months
SIRE	<u>VALYO II (USA)</u>			PGS	<u>SUNGOLD TRIFECTA SR162971109</u>
Sire's Reg. No	<u>SR50155310</u>			PGD	<u>SUNGOLD GLENHAVEN FRAME SR32196509</u>
DAM	<u>ZOMARKY LADY DELTA (IMP. CAN)</u>			MGS	<u>HARVANA REBEL DE NEVELOE MA 16725768</u>
Dam's Reg. No	<u>YUW27USS</u>			MGD	<u>ZOMARKY LADY CSA WEB317106</u>

OWNER	Name <u>Geertmida (Trudy) Hooper</u>
Owners Declaration	Address <u>89 Hobsonville Road</u>
I hereby declare that:	<u>West Harbour Auckland 0618</u>
(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 elbow dysplasia scoring scheme	
(c) I acknowledge these radiographs are the property of the veterinary practice detailed below	
(d) I give my permission for information in this certificate to be incorporated into international statistics and to be used in progeny testing data analysis	
Signature <u>[Signature]</u>	Date <u>5-1-2017</u>

VETERINARIAN submitting radiographs	Practice <u>Vetcare Tauranga</u>
Veterinarian's Name	Address <u>182 Moffat Road, Bethlehem</u>
<u>DR NICHOLAS SKRABAE</u>	<u>Tauranga 3112</u>
Date of radiography <u>5/1/17</u>	
I hereby declare that I have scanned and verified the microchip and identity of this animal	
Signature <u>[Signature]</u>	Date of Signature <u>5/1/17</u>

GRADING

The grade given is based on the presence of a primary lesion (Ununited Anconeal Process, Fragmented Coronoid Process, Osteochondrosis or Incongruity) and/or the degree of arthritis in each joint. Arthritis, even in the absence of a primary lesion indicates elbow dysplasia is present. Overall grade ranges from 0 (free of arthritis) to 3 (severe arthritis or confirmed primary lesion). Please refer to the explanatory sheet entitled 'Interpretation of Grades' for a full explanation. This is available in the Public section of the New Zealand Veterinary Association website <http://www.nzva.org.nz/> or your veterinarian. Statistics for each breed evaluated are printed from time to time in the New Zealand Kennel Gazette.

ASSESSMENT	RIGHT FORE	LEFT FORE	(for scrutineer use only)
Primary Lesion confirmed	UAP <input type="checkbox"/> FCP <input type="checkbox"/> OC <input type="checkbox"/> IC <input type="checkbox"/> NI <input checked="" type="checkbox"/>	UAP <input type="checkbox"/> FCP <input type="checkbox"/> OC <input type="checkbox"/> IC <input type="checkbox"/> NI <input checked="" type="checkbox"/>	X indicates score
Primary Lesion suspected	UAP <input type="checkbox"/> FCP <input type="checkbox"/> OC <input type="checkbox"/> IC <input type="checkbox"/> NI <input checked="" type="checkbox"/>	UAP <input type="checkbox"/> FCP <input type="checkbox"/> OC <input type="checkbox"/> IC <input type="checkbox"/> NI <input checked="" type="checkbox"/>	
Arthritis Grade	3 <input type="checkbox"/> 2 <input type="checkbox"/> 1A <input checked="" type="checkbox"/> 1B <input type="checkbox"/> BL <input type="checkbox"/> clear <input type="checkbox"/>	3 <input type="checkbox"/> 2 <input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> BL <input checked="" type="checkbox"/> clear <input type="checkbox"/>	
OVERALL GRADE	3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> BL <input type="checkbox"/> clear <input type="checkbox"/>	3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> BL <input checked="" type="checkbox"/> clear <input type="checkbox"/>	
Status	DYSPLASTIC <u>YES</u>	ACCREDITED <u>NO</u>	
Comments			

I HEREBY CERTIFY that the above-named animal was examined under the rules of the NZVA Elbow Dysplasia Scheme.			
Scrutineer	<u>33</u>	Date	<u>26/1/2017</u>
Signed	<u>[Signature]</u>	(scheme secretary)	Date <u>26/1/2017</u>