

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):			Registration number: 05907 - 2014		
Registered name: Ashdale Mid Knight Cha Cha			Sex: DOG	Colour: Black	
Breed: Labrador Retriever			Date of Birth (dd/mm/yy) 9/08/2014		
ID Number (if any): 900108001654199	<input type="checkbox"/> Tattoo	<input checked="" type="checkbox"/> Microchip	Registration number of Sire: SR27438110		Registration number of Dam: 3100275047
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, RD5			Mailing address: 18 Neville St		
City: Wellsford	Postcode: 0975	Phone: 4314962	City: Warkworth	Postcode: 0910	Phone: 094258244
Phone (Mobile): 0274263709	email: re11@extra.co.nz		Phone (Mobile): —	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)**4/11/2015** (Date)**Veterinary Information**

This animal was restrained using:

Chemical Restraint

1. Anesthesia type **22 / 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: **2**

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

9722

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 Ashdale Mid Knight Chacha Kennel Club No. 05907-2014
 Microchip No. 900108001654199
 Breed Labrador Retriever Sex D Date Born 9.8.14 Date X-Rayed 4/11/2015
 Sire Saddlehill Late Knight PGS CH Shalane Fly By Knight
Scramble PGD CH Saddlehill Don't Be Late
(USA)
 Dam Sandastre Waltzing Matilda MGS AM GR CH Hyspire Shahli Hotter than Blazes
(Imp Aus) MGS Elkens Red Sky Down Under At Sandastre
(Imp USA)
 Owner's Name Denise Roberts
 Address 211 Ryan Rd, RD5, Wellsford 0975, New Zealand
 Phone No. H 4314962 M 0274263709 Fax/E-Mail re11@xtra.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 Denise Roberts Date 4/11/15

Veterinarian taking x-ray Donal Cash Signature [Signature]

Address: WARKWORTH VETS

Phone No. 18 NEVILLE STREET Fax/E-mail (09) 425-8244

HIP SCORE

Hip	Right	Left
Norberg Angle	0	0
Subluxation	0	1
Cranial acetabular edge	0	1
Dorsal acetabular edge	0	0
Cranial eff. acet.rim	0	0
Acetabular fossa	0	0
Caudal acetabular edge	0	0
Fem. Neck exostosis	0	0
Fem. head recontouring	0	0
Total	0	2

HIP GRADE

Australian Grade 0 1 2 3 4 5 6

International Grade A² B C D E

Score 2

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