

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:<br>06050-2009   |                                 |   |
| Registered name:<br>Dana Winter Midnight    |                           |                      | Sex:<br>Bitch  | Colour:<br>Black                |   |
| Breed:<br>Labrador retriever                |                           |                      | Date of Birth (dd/mm/yy)<br>22/07/09                                       |                                 |   |
| ID Number (if any):<br>97801080538823       |                           |                      | Registration number of Sire:<br>05211-2005                                 |                                 | Registration number of Dam:<br>01841-2002 |
| Owner Name:<br>Denise Roberts               |                           |                      | Date of current examination (dd/mm/yy)<br>30/9/10                          |                                 |   |
| Co-owner Name:                              |                           |                      | Examining veterinarian's name or veterinary hospital:<br>Campbell Woollans |                                 |   |
| Mailing address:<br>576 Woodcocks Rd<br>RD1 |                           |                      | Mailing address:<br>18 Neville St  |                                 |   |
| City:<br>Warkworth                          | Postcode:<br>0981         | Phone:<br>09 4222667 | City:<br>Warkworth   | Postcode:<br>06255264           | Phone:<br>06255264                        |
| Phone (Mobile):<br>0274263709               | email:<br>rel1@xtra.co.nz |                      | Phone (Mobile):  | email:<br>Warkworth@nzkc.org.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) 10/12/11 (Date)

**Instructions**

Please attach original results for verification or email link to results

**Veterinary Information**

This animal was restrained using:

Chemical Restraint

1. Anesthesia type \_\_\_\_\_
2. Tranquilizer type Dormitor / Butorphanol
3. Other type \_\_\_\_\_

Veterinarian's signature Campbell Woollans

☒ 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

Campbell Woollans (Veterinarian Signature) 10/12/11 (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



## ELBOW DYSPLASIA SCHEME



Please complete this form using BLOCK LETTERS

New Zealand Veterinary Association  
PO Box 11-212, Wellington – Phone 04 471 0484 – Facsimile 04 471 0494 – Email nzva@vets.org.nz

|   |                                 |   |   |
|---|---------------------------------|---|---|
| <b>DOG</b>                                |                                 | NZKC Registered Name <u>DANA WINTER MIDNIGHT</u>                |   |
| NZKC Reg. No <u>06050-2009</u>            | Breed <u>LABRADOR RETRIEVER</u> | Tattoo / Microchip <u>97810108053823</u>                        | Age (months) <u>14</u> NB. Minimum age for scoring is 12 months |
| Sex <u>BITCH</u>                          | Colour / Markings <u>BLACK</u>  | Date of Birth <u>22/07/09</u>                                   |   |
| SIRE<br><u>CORKY REMANO OF TRIPLEPEAK</u> |                                 | PGS CASPER ROYAL OF TUKICREST<br>PGD BLACK SPARKLE OF MANGANUKU |   |
| DAM<br><u>DANA SUMMER STORY</u>           |                                 | MGS CH FEETFOOT SON OF A GUN<br>MGD COURTNEY OF DANA            |   |

|   |   |
|---|---|
| <b>OWNER / AGENT</b> (circle one)<br><br><b>5 - OCT 2010</b><br><br><b>Owners / Agent Declaration</b><br>I hereby declare that:<br>(a) The particulars above are correct and relate to the dog submitted for radiographic examination<br>(b) The dog has not previously been scored under any other elbow dysplasia scoring scheme<br>(c) I give my permission for information in this certificate to be incorporated into international statistics and to be used in progeny testing data analysis<br>(d) I acknowledge these radiographs are the property of the veterinary practice detailed below | Name <u>DENISE ROBERTS</u><br>Address <u>576 WOODCOCKS RD</u><br><u>RDI</u><br><u>WARKWORTH</u> |
| Signature <u>[Signature]</u>  | Date <u>30/9/10</u>   |

|   |   |
|---|---|
| <b>VETERINARIAN</b> submitting radiographs<br><br>Vets Name <u>CAMPBELL WOOLLAMS</u><br>Date of radiography <u>30/09/10</u><br><br>Signature <u>[Signature]</u> | Practice <u>WARKWORTH VETS</u><br>Address <u>18 NEVILLE ST</u><br><u>WARKWORTH</u><br><br>Date of Signature <u>30-09-10</u> |
|---|---|

**GRADING**  
The grade given is based on the amount of arthritis in each joint. Arthritis indicates elbow dysplasia is present. Grades range from 0 (free of arthritis) to 3 (severe arthritis). Please refer to the explanatory sheet entitled 'Interpretation of Grades' for a full explanation. This is available from your veterinarian or the New Zealand Veterinary Association. Statistics for each breed evaluated are printed from time to time in the New Zealand Kennel Gazette.

|  |            |  |            |
|--|------------|--|------------|
| <b>ASSESSMENT</b> (for scrutineers use only) |            |  |            |
|  | RIGHT FORE |  | LEFT FORE  |
| Grade  | <u>1a</u>  |  | <u>1a</u>  |
|  | DYSPLASTIC |  | ACCREDITED |
| Status                                       | <u>Yes</u> |  | <u>No</u>  |
| Comments                                     |            |  |            |

|  |                    |                        |  |
|--|--------------------|------------------------|--|
| <b>I HEREBY CERTIFY</b> that the above-named animal was examined under the rules of the NZVA Elbow Dysplasia Scheme. |                    |                        |  |
| Scrutineers <u>35</u>  |                    | Date <u>7/10/2010</u>  |  |
| Signed <u>[Signature]</u>  | (scheme secretary) | Date <u>12/10/2010</u> |  |

OWNERS COPY