

APPL \_\_\_\_\_  
RAD \_\_\_\_\_  
CK \_\_\_\_\_

## NZKC

Private Bag 50903, Porirua 5240  
Phone: (04) 237-4489; Fax: (04) 237-0721  
[www.nzkc.org.nz](http://www.nzkc.org.nz)

Office  
Use  
Only

*Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers*

Previous application number (if any):			Registration number: <b>06563-2011</b>		
Registered name: <b>RAIDEN MOVES LIKE JAGGER</b>			Sex: <b>BITCH</b>		Colour: <b>BRINDLE &amp; WHITE</b>
Breed: <b>BULL TERRIER</b>			Date of Birth (dd/mm/yy) <b>17/07/2011</b>		
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip <b>985170000130738</b>			Registration number of Sire: <b>AL01850104</b>		Registration number of Dam: <b>07498-2055</b>
Owner Name: <b>KATHRYN JOYCE</b>			Date of current examination (dd/mm/yy) <b>21-03-2013</b>		
Co-owner Name: <b>N/A</b>			Examining veterinarian's name or veterinary hospital: <b>Total Vets Ltd</b>		
Mailing address: <b>235 SOUTHFIELD DRIVE</b>			Mailing address: <b>516 Gloucester St Christchurch 8011</b>		
City <b>LINCOLN</b>	Postcode: <b>7608</b>	Phone: <b>3252 993</b>	City: <b>Christchurch</b>		Phone: <b>03 338 4564</b>
Phone (Mobile):		email: <b>jamo@ihug.co.nz</b>	Phone (Mobile):		email: <b>www.totalvets.co.nz</b>

- ☒ I declare that the details of the dog described are accurate and relate to the dogs tested.  
☒ I hereby authorise the 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 analysis and scientific research to be published.

Goyle

\_\_\_\_\_(Signature of owner)

08-04-13 (Date)

**A photocopy of the test result is required to process this application**

The Brainstem Auditory Evoked Response (BAER) test is the only accepted method of diagnosis. One test suffices for the life time of the animal.

*Bilateral hearing passes the test. Unilateral or bilateral deafness fails*

☒ Hearing (Normal)☐ Equivocal☐ Deaf

Bilateral

Unilateral

- ☒ 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
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*Payments can be made by cheque, cash, bank deposit, Visa or Mastercard, payable to The New Zealand Kennel Club Inc*

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Card Number (Visa or Mastercard)

Name on Card

Expiry Date

**PLEASE PRINT OUT AND TAKE TO YOUR VETERINARIAN**