

Office Use Only
APPL _____
RAD _____
CK _____

Accredited Breeders Scheme

NZKC

Private Bag 50903, Porirua 5240

Phone: (04) 237-4489; Fax: (04) 237-0721

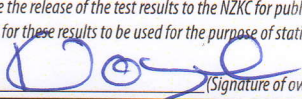
www.nzkc.org.nz

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Application for Kidney Database

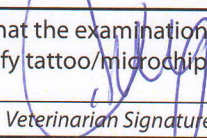
Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers

Previous application number (if any):		Registration number: 06563-2011	
Registered name: RAIDEN MOVES LIKE JAGGER		Sex: BITCH	Colour: BRINDLE & WHITE
Breed: BULL TERRIER		Date of Birth (dd/mm/yy) 17/07/2011	
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 985170000130738		Registration number of Sire: AL01850104	Registration number of Dam: 07498-2005
Owner Name: KATHRYN JOYCE		Date of current examination (dd/mm/yy) 06-02-2016	
Co-owner Name:		Examining veterinarian's name or veterinary hospital: Total Vets Ltd	
Mailing address: 235 SOUTHFIELD DRIVE		Mailing address: 516 Gloucester St	
City: LINCOLN		City: Christchurch 8011	
Postcode: 7608		Postcode: 8011	
Phone: 3252 993		Phone: 389 4564	
Phone (Mobile): 021 137 9328		Phone (Mobile):	
email: raidenbullterriers@gmail.com		email:	

<input checked="" type="checkbox"/> I declare that the details of the dog described are accurate and relate to the dogs tested.
<input checked="" type="checkbox"/> I hereby authorise the release of the test results to the NZKC for publication on this dog's pedigree.
<input checked="" type="checkbox"/> 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.
<div style="display: flex; justify-content: space-between;"> <div>  (Signature of owner) </div> <div> 02-03-2016 (Date) </div> </div>

Veterinary Information

- ☒ Normal: <0.5 UP/UC Ratio
- ☐ Abnormal: >0.5 UP/UC Ratio
- ☒ Actual Value Reported (attach copy of laboratory report) 0.08

<input checked="" type="checkbox"/> I certify that the examination was performed according to the ABS procedure.
<input checked="" type="checkbox"/> I DID verify tattoo/microchip information on this dog <input type="checkbox"/> I DID NOT verify tattoo/microchip information on this dog
<div style="display: flex; justify-content: space-between;"> <div>  Veterinarian Signature </div> <div> 5/12/15 Date: (Date/Month/Year) </div> </div>

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

Case No: CH1602624

Report To:	Total Veterinary Services 516 Gloucester Street CHRISTCHURCH 8143	Animal/Herd:	BUTTON	Age:	4 YEAR(S)
Submitted by:	KIRSTEN WYLIE	Species:	Canine	Sex:	Female
Submitter ref:	230656A	Breed:	Bull Terrier		
Owner:	Joyce	Date Sent:	6/02/2016 10:06		
		Date Received:	6/02/2016 10:06		
		Date Tested:	6/02/2016 10:40		
		Notification:	PEmail		
Owner Phone:	3252993	Fax Number:	6433894565		

Tests Requested: 1 x Urine - Urine Protein Creatinine Ratio

Chemistry - Cumulative

CH1602624
6/02/2016
BUTTON

Units Ref Interval

*Raiden Moves Like Jagger
06563-2011*

U. Protein (g/l)	0.18	g/l
Urine Creat	20597	umol/L
Urine Protein/Creat Ra	0.08	RATIO

PROTEIN:CREATININE RATIO INTERPRETATION:

- < 1 Normal
- 1 - 5 Mild protein loss
 - prerenal
 - mild glomerular disease
 - post glomerular
- 5 - 13 Moderate protein loss
 - severe post-glomerular disease
 - glomerulonephropathy
- > 13 Severe protein loss
 - amyloidosis
 - glomerulonephritis

Test methodology references are available on request.

(Note: Results apply only to samples received, on an as found basis. Precision data will be supplied upon request. H = High result, L = Low result. Reference ranges are standard AHL reference ranges.)

Signed Melanie Brown
(Technician - Ch)

Signed Melanie Brown
(Technician - Ch)

Report Date: 6/02/2016 10:41

Final

Report Fee (ex GST): \$0