

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  
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## 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: 07060-2004	
Registered name: NZEN RIMROCK 02 UNDERCOVER AGENT AT		Sex: FEMALE	Colour: BLACK TRICOLOUR
Breed: AUSTRALIAN SHEPHERD		Date of Birth (dd/mm/yy) 8th JUNE 2004	
ID Number (if any):	<input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip	Registration number of Sire: 05196-2002	Registration number of Dam: DL 598258 06
Owner Name: MR. A. FALCONER		Date of current examination (dd/mm/yy) 30th MARCH 2006	
Co-owner Name: MES. D. FALCONER		Examining veterinarian's name or veterinary hospital: Veterinary Associates	
Mailing address: 181 Bell Road RD 1		Mailing address: 152a Great South Road	
City: POKENO	Postcode: 2471	Phone: 2336878	City: Takapuna
Phone (Mobile): 0211820444	email: ukulunga@xtra.co.nz	Phone (Mobile):	email:

☒ 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. Falconer (Signature of owner) 5/3/2013 (Date)

### Veterinary Information

This animal was restrained using:

Chemical Restraint

1. Anesthesia type general - tribarb
2. Tranquilizer type \_\_\_\_\_
3. Other type \_\_\_\_\_

Veterinarian's signature [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: 2 L: 3

The Elbow Grade was R: 0 L: 0

Signed [Signature]

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

[Signature] Veterinarian Signature 08/03/2013 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

5450 2300 0359 9913  
Card Number (Visa or Mastercard)

Diana H Falconer  
Name on Card

12/13  
Expiry Date

PLEASE PRINT OUT AND TAKE TO YOUR VETERINARIAN

# HIP AND ELBOW DYSPLASIA GRADING SCHEME

Dr R S Wyburn BVMS, DVR, PhD, FACVSc, MRCVS  
Australasian Veterinary Radiology Service  
ABN 78 020 462 870  
PO Box 841  
Margaret River  
Western Australia 6285  
Tele/fax (08) 9757 3478  
E-mail wyburn@netserv.net.au

PLEASE NOTE THAT CREDIT WILL  
BE EXTENDED ONLY TO VETERINARY  
PRACTICES.  
OWNERS MUST INCLUDE PAYMENT.

Please feel free to photocopy this form.

PLEASE PRINT ALL DETAILS AND PROVIDE FULL POSTAL ADDRESS

KC Registered Name NZ CH. RIMROCK OZ UNDERCOVER AGENT AT <sup>UKULUNGA</sup> Kennel Club No. 07060-2004

Microchip No. N/A

Breed AUSTRALIAN SHEPHERD Sex B Date Born 8/6/04 Date X-Rayed 30/3/06

Sire RIMROCK OZ CURAGAN PGS NZ CH. AUS CH. LOMBARDY LUMBEE

Dam NZ CH. FIREHORNES TIME TIME AGIN PGD NZ CH. RIMROCK OZ ECLIPSE O' TIME

MGS AM CH. BRIARBROOKS VALEDICTORIAN

MGD AM CH. LAKESPRINGS BLUE

Owner's Name MR & MRS A. FALCONER Address 121 HILLVIEW ROAD,  
KAMARAMA, RD 3, DROU N.Z.

Telephone No. (09) 2948815 Fax No/E-mail ukulunga@xtva.co.nz

Address \_\_\_\_\_

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 D. Falconer Date 30/3/06

Veterinarian taking x-ray S.J. Martin B.V.Sc Signature \_\_\_\_\_

Address Veterinary Associates

Telephone No ( ) Ph 299 8250 Fax No./E-mail address \_\_\_\_\_

## HIP SCORE

	Right	Left
Hip	1	1
Norberg Angle	1	2
Subluxation	0	0
Cranial acetabular edge	0	0
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	2	3

## HIP GRADE

Australian Grade 0 1 2 3 4 5 6

International Grade A B C D E

Score 5

## ELBOW GRADE

Right UAP 0 1 2 3 ( mm)  
Left UAP 0 1 2 3 ( mm)

Signed \_\_\_\_\_

Dr R S Wyburn

Date 8.4.06