Office Use Only APPL ______ RAD _____

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

1 mise	type or print legibly. To ensure accuracy	pieuse enerose copy of the uogs registr	ucion pupers
Previous application number (if any):		Registration number:	
Registered name: CH LLA DDODA		Sex:	Colour:
PARTING THE SPAS		male	State lucte
Breed: BOARDED GLLIE		Date of Birth (dd/mm/yy) 20 09 20 10	
ID Number (if any): Tattoo Microchip		Registration number of Sire:	Registration number of Dam:
982 000148390772		DN 19197055	04288-2005
Owner Name:		Date of current examination (dd/mm/yy)	
mes PS Dayhas			
Co-owner Name:		Examining veterinarian's name or veterinary hospital:	
0.5			
Mailing address: 85 CRAIG ROAD R.D.L		Mailing address: C/ Slen View Shopping Centile Obourpo Rd.	
City Manie Tan	Postcode: Phone: =7 3286 8241738	City: Ham. Ham	Postcode: Phone: 3206 57 843 882
Phone (Mobile):	email:	Phone (Mobile):	email:
2214 511660	punchagles extras 12		
Chemcial Restraint 1. Anesthesia type 2. Tranquilizer type 3. Other type Veterinarian's signature	401	I have reviewed the result for the dog des The total hip score/distraction index was The Elbow Grade was	R: 3 L: 3 R: 0 L: 0
		Signed	Official Hamilton
I certify that the examination I DID verify tattoo x microchi	n was performed according to the Application on this dog IDID	NOT verify tattoo/microchip info	rmation on this dog
Plana area recorded to the control t			
Fees for data base entry by submitter\$5.00			2 3 APR 2012
Fees for data base entry by NZKC\$35.00			100- 6
Payments can be made by cheque,	cash, bank deposit, Visa or Mastercard, paya	ble to The New Zealand Kennel Club Inc	the state of the s

Card Number (Visa or Mastercard)	Name o	on Card	Expiry Date