

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 Thyroid 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: 07984 - 2010		
Registered name: P2 CH. L. ANDERSON PARTING THE SEAS			Sex: male	Colour: Slate White	
Breed: BOARDED COLLIE			Date of Birth (dd/mm/yy) 20/29/2010		
ID Number (if any): 982 000 148 390772			Registration number of Sire: 1001964-202		Registration number of Dam: 04288-2005
Owner Name: MRS PJ DOUGLAS			Date of current examination (dd/mm/yy) 20/3/2012		
Co-owner Name:			Examining veterinarian's name or veterinary hospital: Vet Focus		
Mailing address: 85 CATHIC RD RD6			Mailing address: Ct. Glenview Shopping Centre Ohaupo Rd		
City: HAMILTON	Postcode: 3280	Phone: 07 824 1738	City: Hamilton	Postcode: 3206	Phone: 07 8438822
Phone (Mobile): 0274 511660	email: pandrus@earthlink.net		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.

P. Douglas (Signature of owner) 18/04/2012 (Date)

Instructions

Please print out back page and take to your veterinarian. Please send copies of your laboratory results with this application.

Veterinary Information

Clinical Findings:

- ☒ Normal
- ☐ Abnormal signs
- ☐ Dermatologic
- ☐ Obesity
- ☐ Reproductive
- ☐ Lethargy
- ☐ Other _____

Veterinary Information

Based on the results of the thyroid profile which included free T4 dialysis, canine thyroid stimulating hormone and thyroglobulin auto-antibodies the animal, at this time is considered as:

- ☒ Normal
- ☐ Positive autoimmune thyroiditis
- ☐ Positive compensative autoimmune thyroiditis
- ☐ Idiopathically reduced thyroid function
- ☐ Equivocal - the ABS recommends that this animal be retested in 3 to 6 months - status uncertain for breeding

[Signature] 18/04/12
Veterinarian Signature Date

☒ 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] 18/04/12
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

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

NEW ZEALAND KENNEL CLUB INC
23 APR 2012
5

Expiry Date

PLEASE PRINT OUT AND TAKE TO YOUR VETERINARIAN