

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
Use
Only

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: 2100269624		
Registered name: CHAMPION KORSKOTE WITCH AND FAMOUS (imp JUST)			Sex: FEMALE	Colour: ROAN	
Breed: GERMAN WIREHAired POINTER			Date of Birth (dd/mm/yy) 28.02.2008		
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 977200007129236			Registration number of Sire: 2100143608		Registration number of Dam: SR 26189808
Owner Name: MS R BANK			Date of current examination (dd/mm/yy) 05/01/13		
Co-owner Name:			Examining veterinarian's name or veterinary hospital: MARNIE CRILLY		
Mailing address: PO Box 2058 WASHDYKE			Mailing address: PO Box 4035, HIGHFIELD, TIMARU		
City: TIMARU	Postcode: 7910	Phone:	City: TIMARU.	Postcode: 7945	Phone: 03 746 4144
Phone (Mobile): 021 890040	email: kinigwp@xtra.co.nz		Phone (Mobile):	email: marnie@familyvet.co.nz	

☒ 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.

 (Signature of owner) _____ (Date)

Veterinary Information

This animal was restrained using:

Chemical Restraint

1. Anesthesia type _____
2. Tranquilizer type **Butorphanyl Medetomidine**
3. Other type _____

Veterinarian's signature _____

Instructions

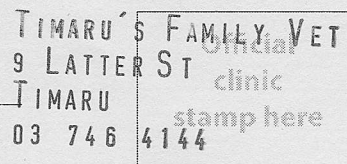
Please attach original results for verification or email link to results

I have reviewed the result for the dog described above.

The total hip score/distracton index was R: 1 L: 2

The Elbow Grade was R: 0 L: 0

Signed _____



☐ 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

05/01/13
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

Expiry Date

PLEASE PRINT OUT AND TAKE TO YOUR VETERINARIAN

Please complete this form using BLOCK LETTERS

New Zealand Veterinary Association
Postal: PO Box 11-212, Wellington • Physical: Level 2, 44 Victoria St, Wellington
Phone 04 471 0484 • Facsimile 04 471 0494 • Email nzva@vets.org.nz • Web www.vetspace.org.nz

DOG

NZKC Registered Name NZ CH KORSKOTE WITCH AND FAMOUS (IMP AUSTR)

NZKC Reg. No 2100269624

Microchip (*Required) 977200007129236

Breed GERMAN WIREHAIRED POINTER

Tattoo

Sex BITCH

Age (months) 56

NB. Minimum age for scoring is 12 months

Date of Birth 28/02/2008

Colour / Markings ROAN

SIRE

AUST CH KORSKOTE XPLOSIVE KLASS

SS CH KORSKOTE TOUCH OF KLASS

SD CH SKADALAS ALARA (IMP - SWE)

DAM

AM CH ASPENDEL BEWITCHED O KORSKOTE (IMP USA)

DS AM CH LARKSPURS WINDMILL WINSTON (USA)

DD AM CH RIPSNOTERS TO DEE FIELDS (USA)

OWNER / AGENT (circle one)

Name MRS R BANC

Address PO BOX 2058

WASHDYKE

TIMARU 7941

Owners / Agent Declaration

27 NOV 2012

I hereby declare that:

- (a) The particulars above are correct and relate to the dog submitted for radiographic examination
- (b) The dog has not previously been scored under any other hip dysplasia scoring scheme
- (c) I give my permission for information in this certificate to be incorporated into international statistics and to be used in progeny testing data analysis
- (d) I acknowledge these radiographs are the property of the veterinary practice detailed below

Signature [Signature]

Date 19.11.12

VETERINARIAN submitting radiographs of anaesthetised dog

Practice TIMAKU'S FAMILY VET

Street Address 9 LATTER ST

TIMAKU

Vets Name MARNIE CRILLY

Date of radiography 19/11/2012

I hereby declare that I have scanned and verified the microchip number and identity of this animal.

Signature [Signature]

Date of Signature 25.11.12

ASSESSMENT (for scrutineer use only)

	Hip Joint	Right	Left
Section A			
Norberg Angle		0	0
Subluxation		0	1
Cranial Acetabular Edge		1	1
Section B			
Dorsal Acetabular Edge		0	0
Cranial Effective Acetabular Rim		0	0
Acetabular Fossa		0	0
Caudal Acetabular Edge		0	0
Femoral Head / Neck Exostosis		0	0
Femoral Head Recontouring		0	0
Totals (maximum possible 53 per column)		1	2

Section A (Conformation): Whilst the ideal score is 0, a score of 2 or less per hip is acceptable. This component of the score indicates the severity of the joint incongruity. This, together with joint laxity represents the functional abnormalities

Subtotal score (maximum 36)

Section B (Secondary Degenerative Change): The ideal score is 0. This section reflects the extent of secondary degenerative joint disease changes.

Subtotal score (maximum 70)

Total score (maximum 106)

A guide to the scoring system and its interpretation is available on the NZVA website: www.vetspace.org.nz

I HEREBY CERTIFY that the above-named animal was examined under the rules of the NZVA Hip Dysplasia Scheme.

Scrutineer 54

Date 29/11/12

Signed

(scheme secretary)

Date

VETERINARIANS COPY