

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 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: 2100350373	
Registered name: Ch Strongfort Shine in Black (Topfest)		Sex: Bitch	Colour: Black
Breed: Affenpinscher		Date of Birth (dd/mm/yy) 11.20.2011	
ID Number (if any): 943094320323013	<input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip	Registration number of Sire: 550355/2007	Registration number of Dam: 2100227045
Owner Name: Mrs Cathrine Bradshaw		Date of current examination (dd/mm/yy) 28.10.12	
Co-owner Name:		Examining veterinarian's name or veterinary hospital: Dr Kirsten Hylle / Total Vets	
Mailing address: 6 Butterfield Ave, Linwood		Mailing address: P.O. Box 21060, Edgware	
City: Christchurch	Postcode: 8062	Phone: 03181-6160	City: Christchurch
Phone (Mobile): 027 2544462	email: anniebrad@lycos.com	Phone (Mobile):	email: the team@totalvets.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)

17.7.15 (Date)

Veterinary Information

This animal was restrained using:

Chemical Restraint

1. Anesthesia type: Domitor + butorphanol (sedation)
2. Tranquilizer type: _____
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: 0-62 L: 0-70

The Elbow Grade was R: _____ L: _____

Total Vets Ltd

516 Gloucester St
Christchurch 8011
Ph: 389 4564
www.totalvets.co.nz

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

17 July 2015
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