

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: 3100275047	
Registered name: Sandaster Waltzing Matilda		Sex: Bitch	Colour: Yellow
Breed: Labrador Retriever		Date of Birth (dd/mm/yy) 22/04/2012	
ID Number (if any): 95600002467529	<input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip	Registration number of Sire: SR30330101	Registration number of Dam: SR60874501
Owner Name: Denise Roberts		Date of current examination (dd/mm/yy) 18/06/13	
Co-owner Name:		Examining veterinarian's name or veterinary hospital: R. DUNN WARKWORTH VETS	
Mailing address: 576 Woodcocks Rd RDI		Mailing address: 18 NEVILLE ST WARKWORTH 0910	
City: Warkworth	Postcode: 0981	Phone: 4222667	City: WARKWORTH
Phone (Mobile): 0274263709	email: re11@xtra.co.nz	Phone (Mobile): 0272854518	Postcode: 0910
		Phone: 094258244	
		email: warkworthvets@paradise.net.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.

D. Roberts (Signature of owner)

18/6/13 (Date)

Veterinary Information

This animal was restrained using:

Chemical Restraint

1. Anesthesia type medetomidine + Butorphanol
2. Tranquilizer type medetomidine + Butorphanol
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.

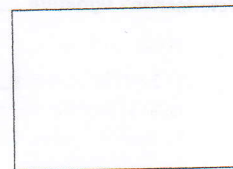
The total hip score/distraction index was

R: 1 L: 0

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
[Signature] Veterinarian Signature 18 JUNE 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

4988739501854674
Card Number (Visa or Mastercard)

D. Roberts
Name on Card

02/14
Expiry Date

PLEASE PRINT OUT AND TAKE TO YOUR VETERINARIAN