

# BRITISH VETERINARY ASSOCIATION/KENNEL CLUB ELBOW DYSPLASIA SCHEME

To: British Veterinary Association  
7 Mansfield Street, London W1G 9NQ  
Telephone: 020 7636 6541

E08 - 81592

THE ORIGINAL OF THIS  
CERTIFICATE IS GOLD

## Section A - TO BE COMPLETED BY OWNER/AGENT

KC Registered Number **A H 0 4 5 3 2 4 0 5**

KC Registered Name **ROCHEBY BLUE ORCHID FOR JANCERIE**

Breed **LABRADOR RETRIEVER**

Sex **BITCH** Date of birth **11 / 09 / 07**

Name of owner **Ms. A. J. BATRICK**

Address **L'AZILE, 15 BROADLANDS,**

**RUE DU HOCQ, ST. CLEMENT, JERSEY, JE2 6GL**

Sire: <b>ROCHEBY OLD SMOKEY</b>	PGS*: <b>ROCHEBY NAVY BLUE</b>
	PGD*: <b>SH CH ROCHEBY POLKADOT.</b>
Dam: <b>ROCHEBY HYACINTH BLUE</b>	MGS*: <b>INT CH AHTI ASPEN OF FINNWOODS</b>
	MGD*: <b>SH CH ROCHEBY POWDER BLUE</b>

I hereby declare that (NB: DELETION OF ANY OF THESE ITEMS INVALIDATES THIS CERTIFICATE)

\*These sections are  
not mandatory

- (a) The particulars above are correct and relate to the dog submitted for radiographic examination
- (b) This dog is a minimum of one year old and has not previously been graded under this Scheme
- (c) I give permission for a copy of the certificate to be sent to the geneticist retained by the breed society or other representative bod
- (d) I give permission for the results of the examination to be used at a future date for the purpose of statistical research
- (e) I give permission for the results to be published and included on the relevant KC documents

Owner's/Agent's signature **A. Batrick** Date **11 / 09 / 08**

## Section B - TO BE COMPLETED BY SUBMITTING VETERINARY SURGEON

(Section A must be completed in full before completing Section B)

Microchip/tattoo number: **95600000952098**

I certify that the radiographs relating to the dog identified above were taken on the following date **11 / 09 / 08**  
and in conformity with the provisions of the Elbow Dysplasia Scheme Procedure Notes

Veterinary surgeon submitting radiographs (BLOCK CAPITALS) **J. MAXWELL ALLAN MRCVS**

Address **OAK FARM VETERINARY SURGERY, RUE DU HOCQ, ST. CLEMENT**  
**JERSEY, CHANNEL ISLANDS** Post code **JE2 6LF.**

Veterinary Surgeon's Signature **J. Maxwell** F/MRCVS Date **11 / 09 / 08**

Please submit the correct fee for the radiographs to be processed (cheques payable to BVA.) For current fees contact BVA

## Section C - TO BE COMPLETED BY SCRUTINEERS

### CERTIFICATE OF GRADING

GRADE  
(range 0-3)

RIGHT	LEFT
<b>0</b>	<b>0</b>

OVERALL  
GRADE  
(max possible 3)

<b>0</b>
----------

**NB** The grades are based on a flexed lateral and neutral lateral view of each elbow and represent the opinion of the BVA appointed scrutineers for the radiographs submitted. The lower the grade, the less evidence of elbow dysplasia present.  
The overall grade given for both elbows is that given to the elbow with the highest grade. Please consult the current procedure notes for relevant details (available from BVA)

WE HEREBY CERTIFY that the grade of the radiographs submitted for the dog identified above was produced using the grading criteria of the BVA/Kennel Club Elbow Dysplasia Scheme

Date **08 OCT 2008**

Signed **[Signature]** F/MRCVS

Signed **[Signature]** F/MRCVS

11/05