

## FROZEN SEMEN

See Attached.

**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](http://www.nzkc.org.nz)

Office  
Use  
Only

## Application for Kidney 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: AM03139101		
Registered name: Emred Devils Spy			Sex: D		Colour: white
Breed: Bull Terrier			Date of Birth (dd/mm/yy) 17-5-11		
ID Number (if any): 960011000120023			Registration number of Sire:		Registration number of Dam:
Owner Name:			Date of current examination (dd/mm/yy)		
Co-owner Name:			Examining veterinarian's name or veterinary hospital:		
Mailing address:			Mailing address:		
City	Postcode:	Phone:	City:	Postcode:	Phone:
Phone (Mobile): 0211026352	email:		Phone (Mobile):	email:	

- ☒ I declare that the details of the dog described are accurate and relate to the dogs tested.
- ☒ I hereby authorise the 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 analysis and scientific research to be published.

\_\_\_\_\_(Signature of owner)

\_\_\_\_\_(Date)

## Veterinary Information

- ☐ Normal:<0.5 UP/UC Ratio
  - ☐ Abnormal:>0.5 UP/UC Ratio
  - ☐ Actual Value Reported (*attach copy of laboratory report*)

- ☐ 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**

Date: (Date/Month/Year)

**Fees:**

Fees for data base entry by submitter .....\$5.00

Fees for data base entry by NZKC .....	\$35.00
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*Payments can be made by cheque, cash, bank deposit, Visa or Mastercard, payable to The New Zealand Kennel Club Inc*

[illegible]

**Card Number (Visa or Mastercard)**

**Name on Card**

**Expiry Date**

**PLEASE PRINT OUT AND TAKE TO YOUR VETERINARIAN**



[Print](#)**Shires Veterinary Practice**

Eccleshall Road, Stone, Staffordshire ST15 0HJ

Telephone 01785 813955

VAT Registration No. 279 2401 47

**Client:**  
**Patient Name:** Zak (Emred Devils Spy)  
**Species:** Canine  
**Breed:**  
**OwnerName:** Mrs D Lamonby

**Gender:**  
**Weight:**  
**Age:**  
**Doctor:** Jessica Hulme MRCVS

ae2febdd-41ff-4481-95ef-96eb6b027cba

**Price:** ~~£100~~  
**Lab No.:** 1002236880

**Default-**  
**Result Summary:**

Tests below lower range: 0

Tests above higher range: 0

Test	Results	Reference range	Notes	LOW	Normal	HIGH
Protein creatinine ratio	0.2					
Comment	Proteinuria is within normal limits.					
UPE						
Comment	Mariana Serra DVM DipECVCP FRCPath MRCVS Clinical Pathologist					