

HIP DYSPLASIA SCHEME



Please complete this form using BLOCK LETTERS

New	Zealand	Veterinary	Association

Postal: P0 Box 11-212, Wellington • Physical: Navigate House, Level 2, 69-71 Boulcott St. Wellington

		NZKC Ros	nistered N	ame JANCERIE MELLOW YELLOW
0G		NZNO neg	oo / Micro	ochip 978101080005153
NZKC Reg. No KCJ 16807		Talli	Ago (mor	nths) 12 NB. Minimum age for scoring is 12 months
Breed LABRADOR RE	TRIEVE	***********	Age (mor	Birth 01 - 12 - 2008
Sex MALE	**********		Date of	Billii Ut
Solour / Markings YELLOLD				KABEE BLUE PETER OF SANDYLANDS.
SIRE SHCH SANDYL	ANDS	PI	gs Koc	HEBY PURPLE SHADES AT SANDYLANDS
PRESSED FOR TIME		P	GD KOC	HEBY PURPLE SHADES AL SAISE
DAM STORMLEY A	MI	N	igs 5	TORMLEY KARLOS
BOVERE	D.	N	MGD S	TORMLEY SAPPRON.
		Λ.	lama 1.4	S. ALISON J BATTRICK.
OWNER		1)	ddroce !	50 BRADDICK ROAD.
			Address 1	D5. WEUSFORD 0975.
1 5 DEC 200	9		K	VEW ZEALAND.
Owners Declaration				VEN ZEACHNO.
hereby declare that: (a) The particulars above are correct and relate to the dog s	ubmitted for ra	idiographic e	xamination	
(a) The particulars above are correct and relate to the dog of (b) The dog has not previously been scored under any other	hip dysplasia	scoring sche	me 🦸 💮	the second is programy testing data analysis
	UK IIILUI DUI AU	ou mico min		tics and to be used in progeny testing data untry or
(c) I give my permission for information in this certaince of the (d) I acknowledge these radiographs are the property of the	veterinary pra	ctice detailed	I below	
11				The Charles and the Charles an
			- 1	04-12-2009
(A) attack			Date	04-12 200/
Signature Compattnick			<i>-</i>	
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VETERINARIAN submitting radiographs of anactivets Name ANDREW RISSMAN	BVSc 1	9	Practice	COAST TO COAST VETS
VETERINARIAN submitting radiographs of anac Vets Name ANDREW RISSMAN	BVSc 1	9	Practice Address	COAST TO COAST VETS 4 SCHOOL ROAD. WELLSFORD.
VETERINARIAN submitting radiographs of anacovers Name ANDREW RISSMAN Date of radiography 04 - 12 - 20	BVSc 1	9	Practice Address	COAST TO COAST VETS 4 SCHOOL ROAD. WELLSFORD.
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VETERINARIAN submitting radiographs of anacovers Name ANDREW RISSMAN Date of radiography O4 - 12 - 2.0 Signature	BVSc 1	9	Practice Address	COAST TO COAST VETS 4 SCHOOL ROAD. WELLSFORD.
VETERINARIAN submitting radiographs of anacount vets Name ANDREW RISSMAN Date of radiography 04 - 12 - 2 G Signature ASSESSMENT (for scrutineers use only)	BVSc 1	9	Practice Address	COAST TO COAST VETS 4 SCHOOL ROAD. WELLSFORD.
VETERINARIAN submitting radiographs of anacovers Name ANDREW RISSMAN Date of radiography OH - 12 = 2.0 Signature ASSESSMENT (for scrutineers use only) Hip Joint	BVSc 1	g MVS	Practice Address	COAST TO COAST VETS 4 SCHOOL ROAD. WELLSFORD. Signature 04-12-2009 Section A: Whilst the ideal score is 0, a score of 2 or less is acceptable
VETERINARIAN submitting radiographs of anacovers Name ANDREW RISSMAN Date of radiography OH - 12 - 2 G Signature ASSESSMENT (for scrutineers use only) Hip Joint Section A	BVSc	g MVS	Practice Address	COAST TO COAST VETS 4 SCHOOL ROAD. WELLSFORD. Signature 04-12-2009 Section A: Whilst the ideal score is 0, a score of 2 or less is acceptable. This component of the score indicates the severity of the joint incongruit. This component of the score indicates the functional abnormalities.
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