

NATIONAL ROTTWEILER COUNCIL (AUSTRALIA) – HIP AND ELBOW DYSPLASIA REPORT

Return completed form to: S. BRADLEY

8382

19 BANNONS LANE YARRAMBAT VIC 3091

003605

PLEASE TYPE OR USE BLOCK CAPITALS FOR ALL INFORMATION

PAPERWORK NUMBER MUST BE EMBOSSED ON X-RAYS

Dog's Registration No.: <u>N040019/14</u>	Date of Birth: <u>31/3/14</u>
Tattoo No. / Microchip No.: <u>578098100461579</u>	Sex: <u>MALE</u>
Dog's Registered Name: <u>WISEWEILERS DARKEN RAHL</u>	Date Radiography Taken: <u>27/5/2015</u> *

Name of Owner: MS SUE ROSENBERG

Address: [REDACTED]

PEDIGREE DETAILS MUST BE INSERTED

Sire: <u>INTUCH HEIZELWOOD FIGHTER AD</u>	Dam: <u>NTV-12 WISEWEILERS YUNA</u>
PGS: <u>ADONS VOM DER MATTERSBURG</u>	MGS: <u>RUDI VON DER GROSSENER RANCH</u>
PGD: <u>HEIZELWOOD CHIGUITA</u>	MGD: <u>WISEWEILERS WOODCOO</u>

I hereby declare that:

- (a) The particulars above are correct and relate to the dog submitted for radiographic examination.
- (b) The dog has not previously been submitted for scoring.
- (c) I give permission for the results of the examination to be used at a future date for the purpose of statistical research.

* Owner's Signature: [Signature]

Date: 5/6/15

Veterinary Surgeon submitting (a) Hip Radiograph of anaesthetized dog (b) Elbow Radiograph (c) Both (please indicate)

Name: DR BRX R 16 SMITH

Address: LITCHFIELD VET HOSP. PO BOX 1614, PALMERSTON, NT 0831

Tattoo Number has been checked and recorded on the x-ray plate. (Y/N)

Microchip Number has been checked and recorded on the x-ray plate. (Y/N)

Paperwork Number has been checked and recorded on the x-ray plate. (Y/N)

* Date: 27.5.15

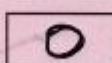
Signed: [Signature]

Film Quality: Satisfactory; Underexposed; Overexposed; Extraneous marks

Positioning: Satisfactory; Tilted Laterally Left/Right; Femora not sufficiently extended; Femora not evenly extended

Hip Joint	Right	Left	Comment
Norberg Angle	<u>0</u>	<u>0</u>	
Subluxation	<u>0</u>	<u>0</u>	
Cranial Acetabular Edge	<u>0</u>	<u>0</u>	
Dorsal Acetabular Edge	<u>0</u>	<u>0</u>	
Cranial effective Acetabular Rim	<u>0</u>	<u>0</u>	
Acetabular Fossa	<u>0</u>	<u>0</u>	
Caudal Acetabular Edge	<u>0</u>	<u>0</u>	
Femoral Head/Neck Exostosis	<u>0</u>	<u>0</u>	
Femoral Head Recontouring	<u>0</u>	<u>0</u>	
Total	<u>1</u>	<u>1</u>	

HIP GRADING



ELBOW GRADE

Right 0 B 1 2 3 (mm)

Left 0 B 1 2 3 (mm)

Date submitted for examination: 10/06/15

Date Returned: 10/06/15

Date Examined: 10/06/15

Signature of the reader: [Signature]

Name of the reader: R.J. RAWLINSON

Radiography clearly labelled with: Tattoo No.: Y/N

Microchip No.: Y/N

Dog's Registration No.: Y/N

Paperwork No.: Y/N

White: NRCA Breed Recorder Original

Pink: Owner's Copy

Blue: NRCA Breed Recorder Copy

Yellow: State Club Copy