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NATIONAL ROTTWEILER COUNCIL [AUSTRALIA] – Hip AND ELBOW DYSPLASIA REPORT

Return completed form to: NRCA BREED RECORDER - S BRADLEY - ISSUED BY RCSA
19 BANNONS LANE, YARRAMBAT, VIC. 3091

003116

PLEASE TYPE OR USE BLOCK CAPITALS FOR ALL INFORMATION

Dog's Registration No: <u>6100075664</u>	Date of Birth <u>03/01/2012</u>
Tattoo No. /Microchip No: <u>900012000815897</u>	Sex: <u>FEMALE</u>
Dog's Registered Name: <u>ROTTGENS KYARA DAHE FOR ATTILA</u>	Date Radiograph Taken: <u>19/9/2013</u>

Name of Owner: KYM-MAREE NIXON
 Address: _____

PEDIGREE DETAILS MUST BE INSERTED

Sire: <u>ROTTGENS VIOSANS KYRAN</u>	Dam: <u>PARVENU YANA (UK)</u>
PGS: <u>PARVENU ODIN FRA NORSK (UK)</u>	MGS: <u>PANTHER CRNI LOTOS (YUG)</u>
PGD: <u>VONZIEFFEL CIRCLE OF LIFE</u>	MGD: <u>WISLEWELAN LEGACY (NOA)</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: _____ Date: 24/9/2013 KM

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

Name: Dr. Rebekah Chen

Address: 9/5 Hether Valley Dr, Berambadi NT 0823 / PO BOX 266

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)

* Date: 19/9/2013 Signed: _____

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	0	0	
Subluxation	1	2	
Cranial Acetabular Edge	1	1	
Dorsal Acetabular Edge	0	0	
Cranial effective Acetabular Rim	0	0	
Acetabular Fossa	0	0	
Caudal Acetabular Edge	0	0	
Femoral Head/Neck Exostosis	0	0	
Femoral Head Recontouring	0	0	
Total	2	3	

HIP GRADING 2 ELBOW-GRADE Right 0 1 2 3 (mm) Left 0 1 2 3 (mm)

Date submitted for examination: 19/9/2013 Date Returned: _____ Date Examined: _____

Signature of the reader: R. J. Rawlinson

Name of the reader: R. J. RAWLINSON

Radiograph clearly labelled with: Tattoo Number Y/N Mi crochip Number Y Dog's Registration Number Y/N.

Owners Copy