NATIONAL ROTTWEILER COUNCIL (AUSTRALIA) - HIP AND ELBOW DYSPLASIA REPORT Return completed form to: NIRCH RREED 003644 PAPERWORK NUMBER MUST PLEASE TYPE OR USE BLOCK CAPITALS FOR ALL INFORMATION **BE EMBOSSED ON X-RAYS** Dog's Registration No.: Date of Birth: 210000 Tattoo No. / Microchip No.: Sex: Dog's Registered Name: Date Radiography Taken: Name of Owner: PEDIGREE DETAILS MUST BE INSERTED Sire: Dam: PGS: MGS: PGD: MGD: 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. Date: 6.12 Owner's Signature: Veterinary Surgeon submitting (a) Hip Radiograph of anaesthetized dog (b) Elbow Radiograph (c) Both (please indicate) Address: 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) X Signed: Date: Film Quality: Satisfactory, Underexposed; Overexposed; Extraneous marks Positioning: Satisfactory;)Tilted Laterally Left/Right; **kemo**ra not sufficiently extended; Femora not evenly extended **Hip Joint** Right Left Comment Norberg Angle 0 Subluxation Cranial Acetabular Edge Dorsal Acetabular Edge 0 Cranial effective Acetabular Rim Acetabular Fossa Caudal Acetabular Edge Femoral Head/Neck Exostosis Femoral Head Recontouring Total Right 0 B(1)2 3 (0 2nm) HIP GRADING ELBOW GRADE Left 0 B(1)2 3 (0 · 2/m) Date submitted for examination: 15.1.12.1.17 Date Returned: 18.12.1.17 Date Examined: 17/12/14 Signature of the reader: _

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

I HARACON

Name of the reader: