

2086

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

Return completed form to: NRCA Breed Recorder - Samantha Bradley
19 Bannans Lane, Yarrambat, Vic, 3097

002973

PLEASE TYPE OR USE BLOCK CAPITALS FOR ALL INFORMATION

Dog's Registration No: <u>6100071103</u>	Date of Birth: <u>17-02-2011</u>
Tattoo No. /Microchip No: <u>400088000295927</u>	Sex: <u>Male</u>
Dog's Registered Name: <u>ROTTGEMS TULIX KAISER</u>	Date Radiograph Taken: <u>14/11/12</u>

Name of Owner: Sue Boesenberg
 Address: PO Box 1712, Geraldton, WA, 6531

PEDIGREE DETAILS MUST BE INSERTED

Sire: <u>SERB CH. HUNG CH</u> <u>FELIX CRUI LOTOS</u>	Dam: <u>ROTTGEMS YANICS TULLY</u>
PGS: <u>INT CH. YUG CH. PYTHON CRUI LOTOS</u>	MGS: <u>NICO CRUI LOTOS</u>
PGD: <u>DELA KAO BUMBARTU</u>	MGD: <u>PARUEM YANA</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: 14/11/12

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

Name: BRYNETH R J INGHAM
 Address: CHARMAN ANIMAL HOSPITAL PO BOX 2097 GERALDTON WA 6531

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: 14/11/2012 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	0	0	
Subluxation	0	0	
Cranial Acetabular Edge	0	0	
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	0	0	

HIP GRADING 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Date submitted for examination: 20/11/12 Date Returned: _____ Date Examined: 20/11/12

Signature of the reader: [Signature]
 Name of the reader: R.J. RAWLINSON

WEST COAST
ROTTWEILER CLUB INC

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