

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

Return completed form to: _____

002981

PLEASE TYPE OR USE BLOCK CAPITALS FOR ALL INFORMATION

Dog's Registration No: 6100038461	Date of Birth: 03/01/2012
Tattoo No. /Microchip No: 700012000816025	Sex: FEMALE
Dog's Registered Name: ROTTGEMS KYANA KALGA	Date Radiograph Taken:

Name of Owner: SUE BOESENBURG
 Address: PO Box 1712 GERACOTON WA 6531

PEDIGREE DETAILS MUST BE INSERTED

Sire: ROTTGEMS VIDSAMIS KYRAN 6100063266	Dam: PARVENDU YANA (IMP UK) AF04463305
PGS: PARVENDU OWINTRA NORSK (IMP UK) AD02312302	MGS: ANTHEA CLM LOTOS (YUG) AE0901045
PGD: VONETTEL CIRCLE OF LIFE 5100043909	MGD: WISCHWEILERS LEGACY (NOR) AB0901545

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: _____

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

Name: STEPHEN DUDA

Address: CHAPMAN AVENUE NORSK P.O. Box 2097 GERACOTON

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)

WEST COAST 6531
ROTTWEILER CLUB INC.

Date: 01/08/2013 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	0	0	
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	1	1	

HIP GRADING 0 ELBOW GRADE Right 0 B 2B (2 mm) Left 0 B 1B (4mm)

Date submitted for examination: 16.8.13 Date Returned:/...../..... Date Examined: 16.8.13

Signature of the reader: _____

Name of the reader: R.T. RAWLINSON

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