

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

Return completed form to: \_\_\_\_\_

001656

**PLEASE TYPE OR USE BLOCK CAPITALS FOR ALL INFORMATION**

Dog's Registration No: 6100056096	Date of Birth 02.04.2008
Tattoo No. /Microchip No: 948000001466576	Sex: MALE
Dog's Registered Name: ROTTREMS TYR (AI)	Date Radiograph Taken:

Name of Owner: Ms S BOESENBERG. "rottgems2@bigpond.com"  
 Address: P.O. Box 1412 GERALDTON W.A. 6531

**PEDIGREE DETAILS MUST BE INSERTED**

<b>Sire:</b> NICO CRNI KOTOS (IMP PORT) JR 8518SRW	<b>Dam:</b> PARVENU YANA (IMP U.K) AFOHN63305
<b>PGS:</b> SKU.CH. SUK.CH. BRANDO VON KELEMEN IPOI (SER) SPY0552NRW	<b>MGS:</b> PANTHER CRNI KOTOS (YU9) AE0901048
<b>PGD:</b> ROMA CRNI KOTOS (SER) SP84619RW	<b>MGD:</b> WISEWEILERS LEGACY (AOR) 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: [Signature] Date: 8-6-09

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

Name: ANDREA RICHARDSON  
 Address: 9 SLEAT RD, APPLECROSS, WA

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: 8/6/09 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	2	
Cranial Acetabular Edge	0	0	
Dorsal Acetabular Edge	0	6	
Cranial effective Acetabular Rim	0	0	
Acetabular Fossa	1	1	
Caudal Acetabular Edge	0	0	
Femoral Head/Neck Exostosis	0	0	
Femoral Head Recontouring	0	0	
<b>Total</b>	<b>1</b>	<b>3</b>	<b>4</b>

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

Date submitted for examination : ...../...../..... Date Returned; ...../...../..... Date Examined: 11.6.09.

Signature of the reader: \_\_\_\_\_

Name of the reader: WYBORN

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

**Owners Copy**