

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

Return completed form to: _____

001636

PLEASE TYPE OR USE BLOCK CAPITALS FOR ALL INFORMATION

Dog's Registration No: 51000H3909	Date of Birth 14.12.2006
Tattoo No. /Microchip No: 9Y8000001094811	Sex: FEMALE
Dog's Registered Name: VON EIFFEL CIRCLE OF LIFE	Date Radiograph Taken:

Name of Owner: Ms S BOESENBERG. EMAIL: rottgems@bigpond.com.au
 Address: P.O. Box 1712 GERALDTON W.A. 6531

PEDIGREE DETAILS MUST BE INSERTED

Sire: <u>NICO CRNI KOTOS JR85185RW (IMP PORTUGAL)</u>	Dam: <u>ANDROSSEN LUCINDA 2100112962</u>
PGS: <u>SLV CH. SUK. CH. BRANDO VON KELEMEN (SERBIA) SPY0552HRW</u>	MGS: <u>ANDROSSEN IRA (AI) 1665113</u>
PGD: <u>ROMA CRNI KOTOS (SERBIA) SP84619RW</u>	MGD: <u>ANDROSSEN GEORGINA 1396846</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: [Signature] Date: 11-1-08

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

Name: GWYNETH INGHAM
 Address: CHARMAN ANIMAL HOSPITAL PO BOX 2017 GERALDTON WA 6531

Tattoo Number has been checked and recorded on the x-ray plate. (Y/N) (Y)
 Microchip Number has been checked and recorded on the x-ray plate. (Y/N) (Y)

Date: 11.1.08 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	1	1	
Caudal Acetabular Edge	0	0	
Femoral Head/Neck Exostosis	0	0	
Femoral Head Recontouring	0	0	
Total	1	1	2

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

Date submitted for examination : Date Returned; Date Examined: 11.1.08

Signature of the reader: _____

Name of the reader: WYBORN

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

Owners Copy