

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

Return completed form to: LYNDA DOYLE, NRCA BREED RECORDER / ISSUED BY BREED RECORDER

000354

THE POST OFFICE DOREEN VIC 3754

PLEASE TYPE OR USE BLOCK CAPITALS FOR ALL INFORMATION

Dog's Registration No: <u>AD023/2302</u>	Date of Birth: <u>4/4/03</u>
Tattoo No. /Microchip No: <u>981000000076981</u>	Sex: <u>MALE</u>
Dog's Registered Name: <u>PARVENU ODIN FRA NORSK</u>	Date Radiograph Taken:

Name of Owner: MS. S. BOESENBERG

Address: PO Box 1712, GERALDTON W.A. 6531

PEDIGREE DETAILS MUST BE INSERTED

Sire: <u>NWY CH. JASSHEIMERS ADAM (Gm)</u>	Dam: <u>WISEWEILERS LEGACY (NWY)</u>
PGS: <u>NWY CH. BAERSKVETT'S CONRAD KLEPTOMAN (Gm)</u>	MGS: <u>AMADEUS VOM SILBERPFEIL (Gm)</u>
PGD: <u>NEFRETITE GOOCSS O' THE NILE (Gm)</u>	MGD: <u>NWY CH. WISEWEILERS DIFFERENCE (NWY)</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: 21-4-04

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

Name: Dr. Peter J. Talbot

Address: PO Box 2530 GERALDTON W.A.

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: 21/4/04 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 0 ELBOW GRADE Right 0 B 1 2 3 (mm) Left 0 B 1 2 3 (mm)

Date submitted for examination: Date Returned; Date Examined: 30/4/04

Signature of the reader: [Signature]

Name of the reader: WYBORN

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