

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

Return completed form to: _____

001662

PLEASE TYPE OR USE BLOCK CAPITALS FOR ALL INFORMATION

Dog's Registration No: 6100058680	Date of Birth 03.10.2008
Tattoo No./Microchip No: 978000001371959	Sex: FEMALE
Dog's Registered Name: ROTTWEIMERS YANICKS TUNNY	Date Radiograph Taken: 9/6/2010

Name of Owner: MRS. J. M BROWN + MS S BOESEBERG.

Address: LOT 41 PASSMORE STREET SOUTHERN RIVER 6110

PEDIGREE DETAILS MUST BE INSERTED

Sire: NICO CRNI KOTOS (IMP PORT) JR 85185RW	Dam: PARVENU YANA (IMP UK) AF04463305
PGS: SLV. CH. SVK. CH. BRANDO VON KELEMEN IPOI (SER) SPY05524RW	MGS: PANTHER CRNI KOTOS (449) AEO901048
PGD: ROMIA CRNI KOTOS (SER) SP 84619RW	MGD: WISEWEILERS 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: [Signature] Date: 9.6.10

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

Name: DR ANDREW BUCHANAN

Address: 338 CANNING HWY COMO WA 6152

Tattoo Number has been checked and recorded on the x-ray plate. (Y/N) NO TATTOO

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

Date: 9/6/2010 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:/...../.....

Signature of the reader: _____

Name of the reader: WYBURN

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

Owners Copy