

NATIONAL ROTTWEILER COUNCIL (AUSTRALIA) - HIP AND ELBOW DYSPLASIA REPORT

Return completed form to: S. Baird
PO Box 1102, Grovedale VIC 3216 004214

PLEASE TYPE OR USE BLOCK CAPITALS FOR ALL INFORMATION

PAPERWORK NUMBER MUST BE EMBOSSED ON X-RAYS

Dog's Registration No.: <u>8010006773</u>	Date of Birth: <u>11/11/18</u>
Tattoo No. / Microchip No.: <u>953010002506430</u>	Sex: <u>Male</u>
Dog's Registered Name: <u>YARNIX REMEMBRANCE LONGPINE</u>	Date Radiography Taken:

Name of Owner: Mrs N Courtwright
 Address: 4 Slide Ct High Wycombe WA 6057

PEDIGREE DETAILS MUST BE INSERTED

Sire: <u>Ch Wisewelters Raven Romi (imp) (USA)</u>	Dam: <u>Rottgens Karata Valdo</u>
PGS: <u>Int Ch. Heizelwood Figner (Finland)</u>	MGS: <u>Ch Rottgens Tulix Kaiser</u>
PGD: <u>Wisewelters, Vado</u>	MGD: <u>Rottgens Vicsaris Vanta</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: _____ Date: _____

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

Name: TAN HANS NOCTA.
 Address: 39 WANDEREA CREEK MUNDARING.

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

Date: 10.1.2020 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	0	0	
Caudal Acetabular Edge	0	0	
Femoral Head/Neck Exostosis	0	0	
Femoral Head Recontouring	0	0	
Total	1	1	2

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

Date submitted for examination: _____ Date Returned: 29.1.20 Date Examined: 26.1.20

Signature of the reader: [Signature]
 Name of the reader: M. MURRAY

Radiography clearly labelled with: Tattoo No.: Y/N Microchip No.: Y/N Dog's Registration No.: Y/N