

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

Return completed form to: NRCA BREED RECORDER: ROSIE SAMPSON
PO BOX 102, CROVEDALE VIC 3216

04721

PLEASE TYPE OR USE BLOCK CAPITALS FOR ALL INFORMATION

PAPERWORK NUMBER MUST BE EMBOSSED ON X-RAYS

Dog's Registration No.: <u>2105558263</u>	Date of Birth: <u>12/01/2021</u>
Tattoo No. / Microchip No.: <u>411 0030 2413 0277</u>	Sex: <u>MALE</u>
Dog's Registered Name: <u>PETROVSTII CICO (AI)</u>	Date Radiography Taken: <u>13/11/20</u>

Name of Owner: Ms. D. J. MCKEOWN
 Address: PO Box 100, JIMBOONA, QLD 4120
 Email: MC84706@BIGPOND.NET.AU Phone: 0402 65 2540

PEDIGREE DETAILS MUST BE INSERTED

Sire: <u>EMINEM VON HAUSE EVELSILIN</u>	Dam: <u>PETROVSTII MASHA (AI)</u>
PGS: <u>ROKS VON HAUSE EVELSILIN</u>	MGS: <u>LEA VON HAUSE EVELSILIN</u>
PGD: <u>LOTIA VON HAUSE EVELSILIN</u>	MGD: <u>PETROVSTII CICO (AI)</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: 13/11/20

Veterinary Surgeon submitting (a) Hip Radiograph of anaesthetized dog (b) Elbow Radiograph (c) Both (please indicate)
 Name: DR. S. G. FURKISS
 Address: 2779-2781 WILSON ST, RUSSELLTON, SA 5086

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

Date: 13/11/20 Signed: _____
 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	1	3	
Cranial Acetabular Edge	0	0	
Dorsal Acetabular Edge	1	1	
Cranial effective Acetabular Rim	1	1	
Acetabular Fossa	1	1	
Caudal Acetabular Edge	1	1	
Femoral Head/Neck Exostosis	0	0	
Femoral Head Recontouring	0	0	
Total	1	3	4

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

Date submitted for examination: / / Date Returned: / / Date Examined: 13/11/20
 Signature of the reader: _____
 Name of the reader: _____
 Radiography clearly labelled with: Tattoo No.: Y / N Microchip No.: Y / N Dog's Registration No.: Y / N Paperwork No.: Y / N