

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

Return completed form to: Susie Baird
PO Box 1102, Crovedale, Vic
3216

(South Australia)
004082

PLEASE TYPE OR USE BLOCK CAPITALS FOR ALL INFORMATION

PAPERWORK NUMBER MUST BE EMBOSSED ON X-RAYS

| | |
|---|--|
| Dog's Registration No.: <u>8010006625</u> | Date of Birth: <u>25/4/2018</u> |
| Tattoo No. / Microchip No.: <u>953010002024711</u> | Sex: <u>Female</u> |
| Dog's Registered Name: <u>YARNIX ANZAC KHE SANH</u> | Date Radiography Taken: <u>20.8.2019</u> |

Name of Owner: Mrs K Nixon
 Address: PO Box 621, Humpty Doo NT 0836

PEDIGREE DETAILS MUST BE INSERTED

| | |
|--|--------------------------------------|
| Sire: <u>CH WISEWEILERS DARKEN RAHL (IMP NOR)</u> | Dam: <u>ROTTGEMS KAVALA VALDA</u> |
| PGS: <u>INT CH. UCH HEIZELWOOD FIGHTER GER AD. (FIN)</u> | MGS: <u>CH ROTTGEMS TULIX KAISER</u> |
| PGD: <u>WISEWEILERS YUNA (NOR)</u> | MGD: <u>ROTTGEMS VIDSAMS VAHLA</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: 20.8.2019

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

Name: Dr KR Smith
 Address: University Ave Vet Hospital, 66 University Ave, Darwin, NT 0830

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: 20.8.19 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 | 1 | 0 | |
| Subluxation | 1 | 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 | 2 | 0 | 2 |

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

Date submitted for examination:/...../..... Date Returned: 6.9.19 Date Examined: 15.9.19

Signature of the reader: [Signature]
 Name of the reader: M MARRAZA

Radiography clearly labelled with: Tattoo No.: **Y/N** Microchip No.: **Y/N** Dog's Registration No.: **Y/N** Paperwork No.: **Y/N**
 White: NRCA Breed Recorder Original Pink: Owner's Copy Blue: NRCA Breed Recorder Copy Yellow: State Club Copy