PLEASE TYPE OR USE BLOCK CAPITALS FOR ALL INFORMATION

| Dog's Registration No.: | PAPERWORK NUMBER MUST <br> BE EMBOSSED ON X -RAYS |
| :--- | :--- | :--- |
| Tattoo No. / Microchip No.: 941000024297219 | Date of Birth: $31 / 10 / 19$ |
| Dog's Registered Name: MARSACHI BACK IN BLACK | Sex: Male |

## Name of Owner:

$\qquad$
Address:


Email: $\square$ Phone:


## PEDIGREE DETAILS MUST BE INSERTED



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: $\qquad$ Date:
Veterinary Surgeon submitting (a) Hip Radiograph of anaesthetized dog (b) Elbow Radiograph (c) Both (please indicate)
Name: $\qquad$
Address: $\qquad$
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:
Signed:
Film Quality: Satisfactory' Underexposed; Overexposed; Extraneous marks

Positioning: Satisfactory\}riited Laterally Right; Femora not sufficiently extended; Femora not evenly extended

| Hip Joint | Right | Left | Comment |
| :--- | :---: | :---: | :---: |
| Norberg Angle | 2 | 1 | 97 |
| Subluxation | 4 | 2 |  |
| Cranial Acetabular Edge |  | 1 |  |
| Dorsal Acetabular Edge |  | 0 |  |
| Cranial effective Acetabular Rim | 0 | 0 |  |
| Acetabular Fossa | 0 | 0 |  |
| Caudal Acetabular Edge | 1 | 0 |  |
| Femoral Head/Neck Exostosis |  | 1 |  |
| Femoral Head Recontouring |  |  |  |
| Total |  |  |  |

HIP GRADING


Date submitted for examination:

Signature of the reader:
Name of the reader:
Radiography clearly labelled with: Tattoo No.: Y/N Microchip No.: Y/N

