

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

Return completed form to: SUSIE BAIRD Po Box 1102 (RCSA)
GROVEDALE DC 3214 VIC 004073

PLEASE TYPE OR USE BLOCK CAPITALS FOR ALL INFORMATION

**PAPERWORK NUMBER MUST
BE EMBOSSED ON X-RAYS**

Dog's Registration No.:	N059798 / 17	Date of Birth:	17 / 10 / 17
Tattoo No. / Microchip No.:	578698100609041	Sex:	MALE
Dog's Registered Name:	WISEWEILERS SILVERS RAYLEIGH	Date Radiography Taken:	*

Name of Owner:

Address:

PEDIGREE DETAILS MUST BE INSERTED

Sire: WISEWEILERS BLIZZARD	Dam: WISEWEILERS YUNA
PGS: ROTTRIVERS GASTON	MGS: RUDI VON DER GROSSENER RANCH
PGD: BITTEBITS FRIDA	MGD: WISEWEILERS WOODOO

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: STEPHANLE WU

Name: _____
Address: KUDAH VET SERVICES 39A AIRX Wood drive, Forrestdale, 6112

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: 10/1/19 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	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	0	0	0

HIP GRADING

ELBOW GRADE **Right** 0 B 1 2 3 (1 mm) **Left** 0 B 1 2 3 (75 mm)

Date submitted for examination: / /

Date Returned: / /

Date Examined: / /

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**

White: NRCA Breed Recorder Original

Pink: Owner's Copy

Blue: NRCA Breed Recorder Copy

Yellow: State Club Copy