

Please ensure this information is included in the comments of the scoring section

NRC(A) Identification Number:

NRC(A) Breed Recorder Email: nrca.br@gmail.com



**DOGS AUSTRALIA
CANINE HIP & ELBOW DYSPLASIA SUBMISSION FORM**



Australian National Kennel Council Ltd ABN 77 151 544 679 trading as Dogs Australia

| Dog Details | | | | | |
|---|--------------------------|---|--------------------------|--|---------|
| Dogs Australia Registered Name | | | | | |
| Dogs Australia Registered Number | | Date of Birth | | | |
| Microchip Number/Tattoo | | Sex | | | |
| Breed | | | | | |
| Owner Details and Declaration | | | | | |
| Owner/s Name | | Dogs Australia Member No | | | |
| Owners Address | | | | | |
| Owners Email | | | | | |
| I/We hereby declare that: | | | | | |
| (a) The particulars as shown above are correct and relate to the dog submitted for Radiographic examination. | | | | | |
| (b) I give permission for the results of the examination to be used at a future date for the purpose of statistical research which may be published and for use by Dogs Australia and the National Rottweiler Council (Australia). | | | | | |
| <input type="checkbox"/> - Place an "X" in the box to indicate the dog has not previously been scored under the Dogs Australia Canine Hip & Elbow Dysplasia Scheme | | | | | |
| In addition to using the results for statistical purposes the results will be placed on an open register with Dogs Australia. | | | | | |
| <input type="checkbox"/> - Place an "X" in the box if not approved | | | | | |
| Owners Signature: | | Date: | | | |
| Veterinarian Details | | | | | |
| Referring Veterinarian | | | | | |
| Referring Veterinary Practice | | | | | |
| Address | | | | | |
| Telephone Number | | Email | | | |
| Positive Identification Sighted | <input type="checkbox"/> | Dogs Australia Certificate of Registration and Pedigree Sighted | <input type="checkbox"/> | | |
| Date of Radiograph | | | | | |
| Radiographs | | | | | |
| (a) Radiographs must be taken under general anaesthesia or heavy sedation. | | | | | |
| (b) Digital x-rays must be in DICOM format | | | | | |
| Radiographs must include | | | | | |
| NRC(A) ID Number | | Sex | | Dogs Registered Name and Number | |
| Microchip number | | Date of Radiograph | | Left or Right Markers | |
| Veterinarian Signature: | | Date: | | | |
| Radiologist | | | | | |
| 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 | | | | | |
| Subluxation | | | | | |
| Cranial acetabular edge | | | | | |
| Dorsal acetabular edge | | | | Dear Reader Please include NRC(A) Identification Number and NRC(A) Breed Recorder email address in this section | |
| Cranial effect acetabular rim | | | | | |
| Acetabular fossa | | | | | |
| Caudal acetabular edge | | | | | |
| Femoral head/neck exostosis | | | | | |
| Femoral head re-contouring | | | | | |
| Total | | | | Total Score (Max Possible 106) | |
| Elbow Joint | | Mm of change | Grade | UAP | Comment |
| Right elbow | | | | Yes/No | |
| Left elbow | | | | Yes/No | |
| Date Radiographs Received: | | Date of examination: | | Radiologist Name: | |
| DISCLAIMER OF LIABILITY – No liability will be accepted for any circumstances of canine hip and/or elbow dysplasia not mentioned in this report which manifests after the date of this report. | | | | | |
| DISCLAIMER OF LIABILITY TO THIRD PARTIES – This report is made solely for the use and benefit of the owner named herein and no liability or responsibility whatsoever is accepted for any third party who may rely upon this report wholly or in part. Any third party acting or relying on this report wholly or in part does so at their own risk | | | | | |