

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

Return completed form to:

S. BAYRD
PO BOX 1102
GROVEDALE 3216

ROTTWEILER
CLUB OF VICTORIA

004158

PLEASE TYPE OR USE BLOCK CAPITALS FOR ALL INFORMATION

PAPERWORK NUMBER MUST BE EMBOSSED ON X-RAYS

Dog's Registration No.: <u>510010090</u>	Date of Birth: <u>16/04/2017</u>
Tattoo No. / Microchip No.: <u>941000021215784</u>	Sex: <u>FEMALE</u>
Dog's Registered Name: <u>BLACKCOMBE DEMELZA</u>	Date Radiography Taken: <u>4/9/18</u>

Name of Owner: G. PASCALE

Address: 124 B 8TH STREET, MILDURA VIC 3500

PEDIGREE DETAILS MUST BE INSERTED

Sire: <u>TONOPAH LOW VON BOYLAN</u>	Dam: <u>BLACKCOMBE SHAKIRA</u>
PGS: <u>WESTWINDS EXCELLENT BLUE BOY</u>	MGS: <u>GELDERLAND EQUAL JUSTICE</u>
PGD: <u>REPEAT OFFENDER VON BOYLAN</u>	MGD: <u>BLACKCOMBE LISE</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: 4-9-2018

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

Name: Dr Michael J Burke B.V.Sc

Address: 52 Main North Rd PROSPECT SA 5082

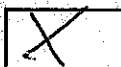
Tattoo Number has been checked and recorded on the x-ray plate. **(Y/N)**
 Microchip Number has been checked and recorded on the x-ray plate. **(Y/N)**
 Paperwork Number has been checked and recorded on the x-ray plate. **(Y/N)**

Date: 4/9/18 Signed: M. Burke

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	1	
Subluxation	0	3	
Cranial Acetabular Edge	1	1	
Dorsal Acetabular Edge	0	0	
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	5	6

HIP GRADING



ELBOW GRADE

Right 0 B 1 2 3 (1.5 mm)

Left 0 B 1 2 3 (1 mm)

Date submitted for examination:/...../..... Date Returned:/...../..... Date Examined: 7, 9, 18

Signature of the reader: R. B. Lanzelle MRVLS

Name of the reader: R. B. LANZELLE

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