

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

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

004076

PLEASE TYPE OR USE BLOCK CAPITALS FOR ALL INFORMATION

PAPERWORK NUMBER MUST BE EMBOSSED ON X-RAYS

Dog's Registration No.: <u>5100103865</u>	Date of Birth: <u>28/12/2017</u>
Tattoo No. / Microchip No.: <u>956000009595151</u>	Sex: <u>Female</u>
Dog's Registered Name: <u>BLACKCOMBE GRACES SECRET</u>	Date Radiography Taken:

Name of Owner: Prof. R. Crouch - Ms N Pascale
 Address: 26 Kingsley Ave, West Croydon SA 5008

PEDIGREE DETAILS MUST BE INSERTED

Sire: <u>UBERSEIN GET A GRIP</u>	Dam: <u>CH BLACKCOMBE BRIENNE</u>
PGS: <u>CH DARKGYPSY DA MIGHTY ANGAS</u>	MGS: <u>AMCH CH TONOPAH LOW VON BOYLAN AM CD AM RN (IMP USA)</u>
PGD: <u>CH UBERSEIN DROP DEAD GORGEOUS (AI) CD RN</u>	MGD: <u>CH BLACKCOMBE AGNIESZKA(AI)</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: _____ Date: _____

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

Name: Michelle Hague
 Address: Adelaide Plains Vet surgery Two Wells SA

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: 25/2/19 Signed: M Hague

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	2	1	
Cranial Acetabular Edge	1	1	
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	3	2	5

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: 16/6/19 Date Examined: 25/2/2019

Signature of the reader: H. Hague
 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

National Rottweiler Council (Australia)



EYE EXAMINATION CERTIFICATE

004076

State or Territory of Issue South Australia

Dog's Registered Name: BLACKCOMBE GRACES ^{SECRET} Registration No.: 5100103865
Sire: UBERSEIN GET A GRIP Dam: CH BLACKCOMBE BRIENNE
Date of Birth: 28 / 12 / 2017 Sex: ~~Male~~ / Female (Delete as appropriate)
Microchip No.: 956000009595151 Tattoo No.: NIA

Please indicate the findings by initialing in the shaded area)

EYELIDS Normal Ectropian Entropion
EYE COLOUR Similar Dissimilar

Please note any other abnormalities below – eg: Cataracts, Persistent Pupillary Membranes and Signs of any previous surgical correction or other alteration.

I hereby certify that the information contained in this Certificate is true and correct to the best of my professional knowledge at the time of examination.

Veterinary Surgeon submitting the information Michelle Hague
Address: Adelaide Plains Vet Surgery Two Wells SA 5501
Signature: M Hague Date of examination: 25/2/19

Name of the Owner: PROF R CROUCH r MS N PASCALÉ ^{NECIA} Phone No.: 0438 358829
Address: 26 Kingsley Ave, west Craydon Postcode: 5008

Please forward BLUE copy to NRCA Breed Recorder:
Name: Susie Beard
Address: PO Box 1102, Crowdedale Vic 3216

And YELLOW Copy to State Club

National Rottweiler Council (Australia)

DENTAL CERTIFICATE

State or Territory of Issue South Australia

004076

Dog's Registered Name: BLACKCOMBE GRACES SECRET

Date of Birth: 28 / 12 / 2017

Sex: ~~Male~~ / Female (Delete as appropriate)

Registration Number: ~~51000~~ 5100103865

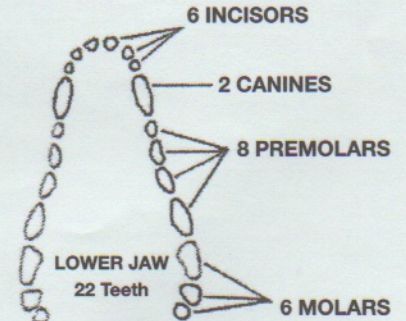
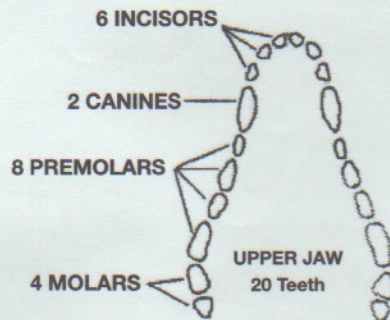
Microchip / Tattoo Number: 95600000595151

DENTITION

Full Dentition (42)

Yes No

(tick which)



Please indicate any missing teeth on diagram.

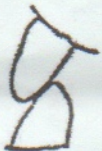
If additional teeth are present please note: _____

BITE: Please initial or sign in the shaded area of the correct box

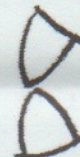
SCISSORS BITE

MM

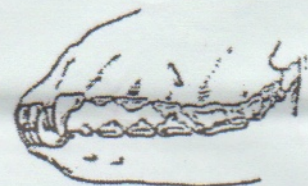
LEVEL BITE



Position of 1, 2, incisors

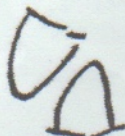


Position of 1, 2, incisors

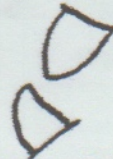


OVERSHOT BITE

UNDERSHOT BITE



Position of 1, 2, incisors



Position of 1, 2, incisors



Any deviation from the above please comment: Eg. Wry Mouth, etc: _____

I hereby certify that the information contained in this Certificate is true and correct to the best of my professional knowledge at the time of examination.

Veterinary Surgeon submitting information: Michelle Mague

Address: Adelaide Plains Vet Surgery, Two Wells SA 5501

Signature: MM Mague

Date of Examination 25 / 12 / 19

Owner's Name: Prof R Crouch r MSN Pascale

Necia

Address: 26 Kingsley Ave, West Croydon 5008 Phone No.: () 0438358829

Please forward BLUE copy to NRCA Breed Recorder:

Name: Susie Baird

Address: PO Box 1102, Gnowort Vic 3216

And YELLOW Copy to State Club

White: Owner's Original

Blue: NRCA Breed Recorder Copy

Yellow: State Club Copy