

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	0	0	
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