



# Application for Hip/Elbow Dysplasia Database

Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers  
Dogs New Zealand, Private Bag 50903, Porirua 5240. Phone: (04) 237-4489 www.dogsnz.org.nz

## Owner details

Registered Name		Registration number	
Breed	Sex	Colour	
Microchip number	Date of Birth (dd/mm/yy)		
Registration number of Sire	Registration number of Dam		
Owner(s) Name(s)			
Mailing address			
Phone (Mobile)		Email	
tick	I declare that details of the dog described are accurate and relate to the dogs tested.		
tick	I hereby authorise release of the test results to Dogs New Zealand for publication on this dog's pedigree.		
tick	I give my consent for these results to be used for the purpose of statistical analysis and scientific research and for the statistical and scientific research to be published.		
Signature of Owner		Date	

## Veterinarian section

Examining veterinarian's name	Date of current examination (dd/mm/yy)
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Please attach original results for verification or email link to results I have reviewed the result for the dog described above.

This animal was restrained using:

### Chemical Restraint

- Anesthesia type \_\_\_\_\_
- Other type \_\_\_\_\_

Scheme Name:

Score/distraction index was R: \_\_\_\_\_ L: \_\_\_\_\_

Elbow Grade R: \_\_\_\_\_ L: \_\_\_\_\_

I certify that the examination was performed according to the ABS procedure

I DID verify tattoo/microchip information on this dog

I DID NOT verify tattoo/microchip information on this dog

Veterinarian Signature

Date

Vet stamp