



Application for Legg-Calve-Perthes 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)
-------------------------------	--

Instructions

Radiographs should be permanently identified with:

1. Registered name and/or number
2. Name of veterinarian or hospital making the film
3. Date of radiograph taken
 - Pelvic evaluations are based on the standard VD view with good pelvic definition, pelvis not tilted and femurs extended and parallel
 - Microchip

Veterinary Information

This animal was restrained using:

Chemical restraint

1. Anesthesia type _____
2. Other type _____

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