



Australian National Kennel Council Ltd ABN 77 151 544 679

trading as Dogs Australia

DOGS AUSTRALIA

CANINE HIP & ELBOW DYSPLASIA SCHEME

SUBMISSION FORM

Dog Details		
Dogs Australia Registered Name		
Dogs Australia Registered Number		
Microchip Number/Tattoo		
Breed		
<input type="checkbox"/>		
Owner Details and Declaration		
Owner/s Name		Dogs Australia Member No
Owners Address		
Owners Email		
I/We hereby declare that:		
(a) The particulars as shown above are correct and relate to the dog submitted for Radiographic examination.		
(b) I give permission for the results of the examination to be used at a future date for the purpose of statistical research which may be published and for use by the Dogs Australia.		
<input type="checkbox"/> - Place an "X" in the box to indicate the dog has not previously been scored within the last 24 months under the Dogs Australia Canine Hip & Elbow Dysplasia Scheme		
In addition to using the results for statistical purposes the results will be placed on an open register with Dogs Australia.		
<input type="checkbox"/> - Place an "X" in the box if not approved		
Owners Signature:	Telephone Number:	Date:
Veterinarian Details		
Referring Veterinarian		
Referring Veterinary Practice		
Address		
Telephone Number		Email
Positive Identification Sighted		Dogs Australia Certificate of Registration and Pedigree Sighted
Date of Radiograph		
Radiographs		
(a) Radiographs must be taken under general anaesthesia or heavy sedation.		
(b) Digital x-rays must be in DICOM format		
Radiographs must include		
Clear indelible labels Microchip or tattoo number	Date of Radiography Client surname	Animal Registered Name and Number Left or Right Markers
Veterinarian Signature:	Date:	