



Australian National Kennel Council Ltd ABN 77 151 544 679

trading as Dogs Australia

# DOGS AUSTRALIA

## CANINE HIP & ELBOW DYSPLASIA SCHEME

### SUBMISSION FORM

(NON DOGS AUSTRALIA

REGISTERED DOG)

Dog Details					
Registered Name					
Registered Number					
Microchip Number/Tattoo					
Breed					
Owner Details and Declaration					
Owner/s Name		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:			
<th colspan="3">Veterinarian Details</th>			Veterinarian Details		
Referring Veterinarian					
Referring Veterinary Practice					
Address					
Telephone Number		Email			
Positive Identification Sighted		Certificate of Registration and Pedigree Sighted			
Date of Radiograph					
<th colspan="3">Radiographs</th>			Radiographs		
(a) Radiographs must be taken under general anaesthesia or heavy sedation.					
(b) Digital x-rays must be in <b>DICOM</b> format					
<th colspan="3">Radiographs must include</th>			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:				