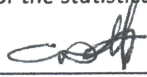



CANINE HIP AND ELBOW DYSPLASIA ASSESSMENT

PLEASE COMPLETE IN BLACK PEN IN BLOCK LETTERS

APPLICATION FOR SCORING (Tick One): HIPS AND ELBOWS <input checked="" type="checkbox"/> HIPS ONLY <input type="checkbox"/> ELBOWS ONLY <input type="checkbox"/>																																																																																							
DOG DETAILS:																																																																																							
Registered Name: <u>DOWFALLS GEM</u> ✓	ANKC Reg.# <u>2100619493</u>																																																																																						
Microchip Number: (MUST be imprinted onto x-rays) <u>941000028967956</u> ✓																																																																																							
Breed: <u>LABRADOR RETRIEVER</u>	Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>	Date of Birth: <u>14/08/2024</u>																																																																																					
Sire: <u>DOWFALLS MAV OV VON</u>	Dam: <u>DOWFALLS MISS LOLLIPOP</u>																																																																																						
OWNER DETAILS AND DECLARATION:																																																																																							
Owner Name: <u>CAROLYN DUFF</u>	Telephone Contact #: <u>0428671252</u>																																																																																						
Address: <u>102 DOWLING FALLS RD TOOROOKA</u>	Email: <u>DOWFALLS@BIGPOND.COM</u>																																																																																						
DECLARATION: I Declare That: a) The particulars above are correct and relate to the dog submitted for radiological examination, b) I give consent for the results to be submitted for statistical analysis, and, c) I give consent for the statistical analysis to be published.																																																																																							
OWNERS SIGNATURE: 	Date: <u>14/08/2025</u>																																																																																						
VETERINARIAN DETAILS AND DECLARATION:																																																																																							
Referring Vet Name: <u>DR CAMPBELL DUFF</u>	Telephone Contact #: <u>02 6562 7391</u>																																																																																						
Referring Vet Practice: <u>MACLEAY VALLEY VETS</u>	Email: <u>CAMPBELL.DUFF@APIAM.COM.AU</u>																																																																																						
Address: <u>142 BEL GRAVE STREET KEMPSEY NSW 2440</u>	Date of Radiographs: <u>14/08/2025</u>																																																																																						
DECLARATION: I Declare That: i) I have checked this dog's ID as indicated, ii) The dog was anaesthetised for the radiographs, and, iii) I have sighted the (Please tick each one as applicable): Tattoo... <input type="checkbox"/> Microchip... <input checked="" type="checkbox"/> Pedigree Papers... <input checked="" type="checkbox"/>																																																																																							
VETERINARIAN'S SIGNATURE: 	Date: <u>14/08/2025</u>																																																																																						
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SIGNATURE: <u>J Richardson</u> DATE: <u>18/8/2025</u> OUR REFERENCE: <u>2025-009</u>																																																																																							

DR J L RICHARDSON, BVMS, MVS, FANZCVS (Radiology)

Address: PO Box 3477, Broadway Nedlands LPO, WA 6009.

Email: Jen.Richardson@iinet.net.au