



ANCK CANINE HIP & ELBOW DYSPLASIA REPORT

Dog Details				
ANCK Registered Name				
ANCK Registered Number				
Microchip Number/Tattoo				
Breed				
Owner Details and Declaration				
Owner/s Name			ANCK 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 ANCK Ltd.				
In addition to using the results for statistical purposes the results will be placed on an open register with the ANCK Ltd.				
<input type="checkbox"/> Place a "X" in the box if not approved				
Owners Signature:			Date:	
Veterinarian Details				
Referring Veterinarian				
Referring Veterinary Practice				
Address				
Telephone Number			Email	
Positive Identification Sighted <input checked="" type="checkbox"/>	ANCK Certificate of Registration and Pedigree Sighted <input checked="" type="checkbox"/>			
Date of Radiograph				
Radiographs				
(a) Radiographs must be taken under general anaesthesia				
(b) Digital x-rays must be in DICOM format				
(c) Digital x-rays must be saved to a disk or a memory stick (images cannot be emailed).				
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:		
Radiologist				
Film quality: Satisfactory, underexposed, overexposed, extraneous marks				
Positioning: Satisfactory, tilted laterally left/right, femora not sufficiently extended, femora not evenly extended				
Hip Joint	Right	Left	Comment	
Norberg Angle				
Subluxation				
Cranial acetabular edge				
Dorsal acetabular edge				
Cranial effect acetabular rim				
Acetabular fossa				
Caudal acetabular edge				
Femoral head/neck exostosis				
Femoral head re-contouring				
Total			Total Score (Max Possible 106)	
Elbow Joint	Mm of change	Grade	UAP	Comment
Right elbow			Yes/No	
Left elbow			Yes/No	
Date Radiographs Received:		Date of examination:		Radiologist Name:
DISCLAIMER OF LIABILITY – No liability will be accepted for any circumstances of canine hip and/or elbow dysplasia not mentioned in this report which manifests after the date of this report.				
DISCLAIMER OF LIABILITY TO THIRD PARTIES – This report is made solely for the use and benefit of the owner named herein and no liability or responsibility whatsoever is accepted for any third party who may rely upon this report wholly or in part. Any third party acting or relying on this report wholly or in part does so at their own risk				