

FRENCH BULLDOG HIP GRADING SCHEME

Dr Mariano Makara

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Owners must include payment

Hips and Spine \$110.00

Note that fees include GST

Please print all details using black ink and ensure ALL forms are filled out

KC Registered Name _____ ANKC Reg No. _____

Microchip No. _____ **MICROCHIP NUMBER MUST BE DISPLAYED ON X-RAY**

Breed _____ Sex _____ Date Born _____ Date X-Rayed _____

Sire	PGS
	PGD
Dam	MGS
	MGD

Owner's Name _____ Address _____

Telephone Nos. M _____ H _____ E-mail _____

- I declare that
- (a) the particulars above relate to the dog x-rayed;
 - (b) I give consent for the result to be submitted for statistical analysis;
 - (c) I give consent for the statistical analysis to be published.

Owner's signature _____ Date _____

Veterinarian's Name _____ Signature _____

Practice Address _____

Telephone No () _____ Practice Email _____

HIP SCORE	Hip	Right	Left	
	Norberg Angle	_____	_____	
	Subluxation	_____	_____	
	Cranial acetabular edge	_____	_____	
	Dorsal acetabular edge	_____	_____	
	Cranial eff. acet.rim	_____	_____	
	Acetabular fossa	_____	_____	
	Caudal acetabular edge	_____	_____	
	Fem neck exostosis	_____	_____	
	Fem head recontouring	_____	_____	
	Total	_____	_____	Score _____

Signed _____
Dr M Makara

Date _____