HIP AND ELBOW DYSPLASIA GRADING SCHEME

 ${\sf Dr}\,{\sf R}\,{\sf J}\,{\sf Rawlinson}\,{\sf BVSc}, {\sf DVR}, {\sf FACVSc}$

Web www.robrawlinson.com

ABN 69347638403

PO box 1626

E-mail robrawlo@live.com.au

Mount Barker SA 5251

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KC I	Registered Name	cuse print an ac	tails using black i				EG No									
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Owne	r's Name				Telephone											
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I declare	e that				Owner's											
	a) the particulars above	relate to the dog x-r	ayed		Signature											
	b) I give consent for the	result to be submitte	ed for statistical analys	sis	Date											
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Vet's I	Name				Signature											
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Date

Signed

KC Registered Name												NKC RE	G No						
N	/licroch	nip Nu	mber				MICRO CHIP NUMBER MUST BE DISPLAYED ON X-RAY												
		E	Breed					Sex N	И/F	DOB _			Date X-Rayed						
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a)		he own	er/part	owner	of this	dog/bite	ch.												
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	 To be used at a future date for purposes of statistical inf which will be published. 									rmatio	n								
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Own	ier's l	Name																	
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		Dr Robe	ert J Rav	wlinsor	n														