



# AUSTRALASIAN BOSDOG<sup>®</sup> SOCIETY INC.

FORMERLY KNOWN AS  
THE AUSTRALIAN BULLDOG SOCIETY

## Canine Hip & Elbow Dysplasia Assessment

PLEASE COMPLETE IN BLACK PEN IN BLOCK LETTERS

<b>APPLICATION FOR SCORING</b> (Tick One): HIPS AND ELBOWS <input type="checkbox"/>			HIPS ONLY <input type="checkbox"/>			ELBOWS ONLY <input type="checkbox"/>			
<b>DOG DETAILS:</b>									
Registered Name: _____						ANKC Reg.# _____			
Microchip Number: (MUST be imprinted onto x-rays) _____									
Breed: _____			Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Date of Birth: _____				
Sire: _____				Dam: _____					
<b>OWNER DETAILS AND DECLARATION:</b>									
Owner Name: _____						Telephone Contact #: _____			
Address: _____						Email: _____			
<b>DECLARATION:</b>									
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: _____			
<b>VETERINARIAN DETAILS AND DECLARATION:</b>									
Referring Vet Name: _____						Telephone Contact #: _____			
Referring Vet Practice: _____						Email: _____			
Address: _____						Date of Radiographs: _____			
<b>DECLARATION:</b>									
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 type="checkbox"/> Pedigree Papers... <input type="checkbox"/>									
VETERINARIAN'S SIGNATURE: _____						Date: _____			
<b>HIP AND ELBOW SCORES:</b>									
<b>HIP JOINT:</b>			<b>Right</b>	<b>Left</b>	<b>ELBOW JOINT:</b>				
Norberg Angle:							mm change	Grade	
Subluxation:					Right			0 1 2 3	
Cranial Acetabular Edge:					Left			0 1 2 3	
Dorsal Acetabular Edge:									
Cranial Effective. Acetabular Rim:					Right UAP		Y <input type="checkbox"/>	N <input type="checkbox"/>	
Acetabular Fossa:					Left UAP		Y <input type="checkbox"/>	N <input type="checkbox"/>	
Caudal Acetabular Edge					<b>Australian Breed Average:</b>				
Femoral Head/Neck Exostosis:					<b>International Grade:</b> A B C D E				
Femoral Head/Neck Re-contouring:					<b>Australian Grade:</b> 0 1 2 3 4 5 6				
<b>TOTAL</b>			_____	_____	<b>TOTAL HIP SCORE:</b> _____ (Max 106)				
Readers' Comments:									
DATE RECEIVED: _____ DATE RETURNED: _____									
SIGNATURE: _____ DATE: _____ OUR REFERENCE: _____									
DR J L RICHARDSON, BVMS, MVS, FANZCVS (Radiology)									

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

Email: Jen.Richardson@iinet.net.au