

SPINE ASSESSMENT FRENCH BULLDOGS

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THE FEE MUST ACCOMPANY ANY FORM
Hips and Spine \$110
Note that fees include GST and are applicable as at December 2011

Please feel free to photocopy this form.

PLEASE PRINT ALL DETAILS AND PROVIDE FULL POSTAL ADDRESS

KC Registered Name _____ Microchip No. _____

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

Sire	PGS
	PGD
Dam	MGS
	MGD

Owner's Name _____ Address _____

Telephone No. (____) _____ Fax No/E-mail _____

I declare that

- (a) *I am the owner/part owner of this dog/bitch.*
- (b) *These particulars relate to this dog/bitch*
- (c) *I give permission for the results of the radiographic examination*
 - a. *To be used at a future date for purposes of statistical information which will be published.*
 - b. *To be forwarded to the Australian National Kennel Council for use in research.*

Owner's signature _____ Date _____

Veterinarian taking x-ray _____ Signature _____

Address _____

Telephone No (____) _____ Fax No./E-mail address _____

SPINE FROM 1ST THORACIC TO 7TH LUMBAR

T1	T2	T3	T4	T5	T6	T7	T8	T9	T10	T11	T12	T13	L1	L2	L3	L4	L5	L6	L7

- Grade 1 Partially wedged vertebra
- Grade 2 Fully wedged vertebra
- Grade 3 Double wedged (butterfly) vertebra

Signed _____
Dr R J Rawlinson

Date _____