

SPINE ASSESSMENT FRENCH BULLDOGS

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THE FEE MUST ACCOMPANY ANY FORM
 Hips \$90, Spine \$50, Hips and Spine \$120
 Note that fees include GST and are
 applicable as at 1 January 2009

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 _____

Date _____
Dr R S Wyburn SPINE ASSESSMENT

FRENCH BULLDOGS

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Signed _____
 Dr R S Wyburn

Date _____