

HIP AND ELBOW DYSPLASIA GRADING SCHEME

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PLEASE NOTE THAT CREDIT WILL BE
 EXTENDED ONLY TO VETERINARY
 PRACTICES.
 OWNERS MUST INCLUDE PAYMENT

PLEASE PRINT ALL DETAILS AND PROVIDE FULL POSTAL ADDRESS

KC Registered Name _____ Kennel Club No. _____
 Microchip No. _____

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

Sire _____ PGS _____
 PGD _____

Dam _____ MGS _____
 MGS _____

Owner's Name _____

Address _____

Phone No. H _____ M _____ Fax/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 taking x-ray _____ Signature _____

Address: _____

Phone No. _____ Fax/E-mail _____

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	_____	_____

HIP GRADE

Australian Grade 0 1 2 3 4 5 6

International Grade A B C D E

Score _____

ELBOW GRADE

Right UAP 0 1 2 3 (mm)

Left UAP 0 1 2 3 (mm)

Dr. R J Rawlinson

Date