



Legg-Calve-Perthes Certificate

Please type or print legibly. Scan this as a pdf and upload against your dog on Dogs NZ website. Logon and under my dogs on your home page you can upload test against the dog. If posting send to Dogs New Zealand, Private Bag 50903, Porirua 5240. Phone: (04) 237-4489 www.dogsnz.org.nz

Owner details

Registered Name		Registration number
Breed	Sex	Colour
Microchip number	Date of Birth (dd/mm/yy)	
Owner(s) Name(s)		
Mailing address		
Phone (Mobile)	Email	
tick	I declare that details of the dog described are accurate and relate to the dogs tested.	
tick	I hereby authorise release of the test results to Dogs New Zealand for publication on this dog's pedigree.	
tick	I give my consent for these results to be used for the purpose of statistical analysis and scientific research and for the statistical and scientific research to be published.	
Signature of Owner		Date

Veterinarian section

Examining veterinarian's name	Date of current examination (dd/mm/yy)
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Instructions

Radiographs should be permanently identified with:

1. Registered name and/or number
2. Name of veterinarian or hospital making the film
3. Date of radiograph taken
4. Microchip number

(Pelvic evaluations are based on the standard VD view with good pelvic definition, pelvis not tilted and femurs extended and parallel)

I DID verify tattoo/microchip information on this dog

Vet stamp

Veterinarian Signature	Date
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