**GERMAN SHEPHERD DOG FEDERATION OF THE PHILIPPINES**

**HIP / ELBOW DYSPLASIA CONTROL SCHEME**

Control No:\_\_\_\_\_\_\_

Name of Dog:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender\_\_\_\_\_\_Date of Birth \_\_\_/\_\_\_/\_\_\_\_ Registration no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Microchip no:\_\_\_\_\_\_\_\_\_\_\_\_ Tattoo no:\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of X-Ray:\_\_\_/\_\_\_\_/\_\_\_\_\_ Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION:**

 1. Particulars stated are true and relate to the dog due for radiographic examination.

 2. Radiograph will be owned by the German Shepherd Dog Federation of the Philippines.

 3. I understand that this research aims to improve the Breeding Program of the German Shepherd Dog Federation of the Philippines.

**Dog Status in relation to HD / ED Control Scheme:**

❏ Has not been previously submitted

❏ Has been previously submitted - Control No:\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Owner

**ADVICE TO THE VETERINARIAN**

One view each of the dog’s pelvis, right and left elbow is to be taken under General or Intravenous Anesthesia. A high quality radiograph is required. Incorrectly exposed or poorly positioned films will not be read. Repeat x-ray is to be done.

**RADIOGRAPHIC VIEW**

**HIPS:** Extended Ventro-Dorsal View. This should cover an area from the iliac crest to the stifle (knee) joint. Femurs are parallel to each other. Stifles rotated inward with the patellae in the center of the trochlea of the femur. Pelvis is square.Femurs parallel to the cassette.

**ELBOWS:** Medio-lateral flexed position ( 45 or 110 degree opening angle), with or without cranio caudal view with 15 degree limb pronation.

**PROPER** LABELLING

1. Dog’s full name

2. Microchip/Tattoo number

3. Date of Birth

4. Laterality (Right or Left)

5. Date of X ray

\*\*\*If, in the opinion of the Veterinarian, a dog should not be anesthetized, a certificate stating that anesthetic has not been given should be provided.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/ Signature of Veterinarian