

# PawPeds

## Hip Dysplasia Testing for Cat



X0

| To be filled in by the owner   |
|--|
| Owner's name<br><b>HELENE DROUOT</b>   |
| Address<br>[REDACTED]  |
| Post code/City/State<br><b>94370 SUCY-EN-BRIE</b>  |
| Country<br><b>FRANCE</b>   |
| Phone (including country code)<br><b>+33 6 10 19 91 24</b>   |
| Email<br>[REDACTED]  |
| Cat's registered name<br><b>JET LAG DE LA PASSION D'ADEN</b>   |
| Registration number<br><b>LOOF 2014.20940</b>  |
| ID number, microchip or tattoo<br><b>250269810531192</b>   |
| Breed of cat<br><b>MAINE COON</b>  |
| Sex<br><input type="checkbox"/> Male <input checked="" type="checkbox"/> Female  |
| Born (year-month-day)<br><b>2014-06-06</b>   |
| Sire<br><b>FRISBEE DE LA CROIX LORRAINE</b>  |
| Dam<br><b>SUMMERPLACE FERRERO KISS</b>   |
| I have read PawPeds' instructions for hip dysplasia testing and accept the terms. I give my permission for including the result in the database of the health programme, to make the result public and for PawPeds to retain the X-rays. |
| Signature<br>X [REDACTED]  |

| Information  |
|--|
| All fields must be completed. The form must be signed by the owner.  |
| Send the completed form and X-rays to:<br>XL Vet AB<br>Postvägen 7<br>SE-748 41 Örbyhus<br>Sweden  |
| Payment for evaluation should be made in advance to PawPeds. See <a href="http://www.pawpeds.com/healthprogrammes/HDIInfoOwner.html">http://www.pawpeds.com/healthprogrammes/HDIInfoOwner.html</a> for up to date payment information. |

| To be filled in by the examiner   |
|---|
| Clinic<br><b>ALLIANCE VET</b>   |
| Address<br><b>73 AVENUE JEAN KIFFER</b>   |
| Post code/City/State<br><b>94420 LE PLESSIS TREVISE</b>   |
| Country<br><b>FRANCE</b>  |
| Phone (including country code)<br><b>+33 1 45 76 42 27</b>  |
| Examination date (year-month-day)<br><b>2019-06-13</b>  |
| Clinical hip status<br><input type="checkbox"/> Normal <input checked="" type="checkbox"/> Not examined   |
| Limping/pain<br><input type="checkbox"/> Left <input type="checkbox"/> Right  |
| Sedated<br><input checked="" type="checkbox"/> Yes, with <i>Pedolamine</i> <input type="checkbox"/> No  |
| Remarks   |
| I hereby certify that the identity of this cat has been checked against the pedigree.<br><b>CLINIQUE VETERINAIRE ALLIANCE VET</b><br>Signature <b>73 AVENUE JEAN KIFFER</b><br><b>94420 LE PLESSIS TREVISE</b><br><b>01 45 76 42 27</b> <i>contact@alliancevet.fr</i> |
| Examiner's name in block letters<br><b>SOLENE LEPAULT</b>   |

| Result  |
|---|
| Left side<br><input checked="" type="checkbox"/> Normal <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3  |
| Right side<br><input checked="" type="checkbox"/> Normal <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Remarks   |
| Signature<br><i>[Signature]</i>   |
| Date<br><b>190807</b>   |
| Per Eksell  |