

PawPeds

Hip Dysplasia Testing for Cat



X0

To be filled in by the owner
Owner's name DROUOT Helene
Address [REDACTED]
Post code/City/State 94370 SULLY EN BRIE
Country FRANCE
Phone (including country code) +33 6 10 19 91 24
Email [REDACTED]
Cat's registered name NELUSINE DE LA CLEJO BIANCO
Registration number LOOF 2017. 7275
ID number, microchip or tattoo 250268712563607
Breed of cat TAINE COON
Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Born (year-month-day) 16-12-20
Sire HARRY POTTER DE LAF <small>809 31</small>
Dam HEIA DE PONTCHARTRAIN
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 X [REDACTED]

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

To be filled in by the examiner
Clinic ALLIANCE VET
Address 73 avenue Jean Kiffer
Post code/City/State 94620 LE PLESSIS PREVISE
Country FRANCE
Phone (including country code) +33 1 45 76 42 27
Examination date (year-month-day) 17-12-27
Clinical hip status <input type="checkbox"/> Normal <input type="checkbox"/> Not examined
Limping/pain <input type="checkbox"/> Left <input type="checkbox"/> Right
Sedated <input checked="" type="checkbox"/> Yes, with: Propofol <input type="checkbox"/> No
Remarks right - subluxation bad hip cover: left
I hereby certify that the identity of this cat has been checked against the pedigree.
Signature X [Signature]
Examiner's name in block letters CAROLINE LEGER

Result
Left side <input type="checkbox"/> Normal <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Right side <input type="checkbox"/> Normal <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3
Remarks no id marking in image
Signature [Signature]
Date 18/03/18
Per Eksell