

PawPeds

Hip Dysplasia Testing for Cat



X0

To be filled in by the owner
Owner's name HELENE DROUOT
Address [REDACTED]
Post code/City/State 94370 SUCY-EN-BRIE
Country FRANCE
Phone (including country code) +336 10 19 91 24
Email [REDACTED]
Cat's registered name PURR'PLE FAIRY'S OPTIMYSTIC
Registration number LOOF 2018.27742
ID number, microchip or tattoo 250269608157498
Breed of cat MAINE COON
Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Born (year-month-day) 2018-07-10
Sire MATT'MAO DE LA QUINTA DO GATO
Dam MELUSINE DE LA CLEJO BIANCO
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/HDirfoOwner.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 94420 LE PLESSIS TREVISE
Country FRANCE
Phone (including country code) +331 45 76 42 27
Examination date (year-month-day) 2019-05-10
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: <i>Butorphanol med dexmedetomidin</i> <input type="checkbox"/> No
Remarks <i>left subluxation bad hip cover.</i>
I hereby certify that the identity of this cat has been checked against the pedigree.
Signature X Dr CAROLINE LEGER Dr Léger, Lepault et Tran 73 AVENUE JEAN KIFFER 94420 LE PLESSIS TREVISE APC 95007
Examiner Dr 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 checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Remarks <i>No left/right marking in image, tilted, no id-marking in image</i>
Signature [REDACTED]
Date 190522
Per Eksell