2022 -03- 07

PawPeds

Hip Dysplasia Testing for Cat

X0

To be filled in by the owner

Owner's name: HELENE DROUOT

Address:

Post code/City/State: 85600

Country: FRANCE

Phone (including country code): +33 6 10 19 91 24

Email:

Cat's registered name: PURR'PLE FAIRY'S PENTAGRAM

Registration number: LOOF 2019.12916

ID number, microchip or tattoo: 250269608250909

Breed of cat: MAINE COON

Sex: ☐ Male ☒ Female

Born (year-month-day): 2019 - 03 - 10

Sire: MANOLITO DE LA PASSION D'ADEN

Dam: JET LAG DE LA PASSION D'ADEN

I have read PawPeds' instructions for hip dysplasia testing and accept the terms. I am aware that the results and X-rays will be retained for the records of PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release all results from this form.

Signature

Information

All fields must be completed. The form must be signed by the owner.

Send the completed form and X-rays to:
Universitetsdjursjukhuset UDS
Att: Elisabeth Ball
Box 7040
SE-750 07 Uppsala
Sweden

Payment for evaluation should be made in advance to PawPeds. See http://www.pawpeds.com/healthprogrammes/HDinfoOwner.html for

To be filled in by the examiner

Clinic: CLINIQUE VETOCEANE

Address: 9, Allée Alphonse Fillion

Post code/City/State: 44120 VERTOU

Country: FRANCE

Phone (including country code): 0033 2 40 05 12 13

Examination date (year-month-day): 2022 - 02 - 17

Clinical hip status: ☒ Normal ☐ Not examined

Limping/pain: ☐ Left ☐ Right NO

Weight: 6,2 kg

Sedated: ☒ Yes, with: Butorphanol ☐ No

Remarks:

I hereby certify that the identity of this cat has been checked against the pedigree.

Signature

X

Examiner's name in block letters: DE VREUGHT LOIC

Result

Left side: ☒ Normal ☐ 1 ☐ 2 ☐ 3

Right side: ☒ Normal ☐ 1 ☐ 2 ☐ 3

Remarks: Digital name marking

Signature: Elisabeth Ball

Date: 28/2-22

Rev 1.8 2020-01-11