

## **Radiograph Evaluation Application**

Office Use Only	
Office osc omy	

Please complete and submit with radiographs

Veterinary Practice ONLY- Payment options										
□ Regular Evaluation Fee  Select Payment (check or credit card payment must be from the hospital): □ Bright Evaluation (3.5 husiness days) Additional charge. □ Bill Practice □ Check Enclosed Payable to: U of PA – PennHIP										
Difficulty Evaluation (3-3 business days) Additional charge										
Hospital Fax - Required for Priority Evaluation only										
Fax Number :		_					_			
□ Exp. Date:  Veterinary Practice- Radiograph Information										
Member Number										
Wellber Number	Member Name (Print)  Distractor No.									
Date of Radiograph (MM/DD/YY)	List Sedative Dru	Liet Sodativo Druge Head								
Date of Radiograph (www.bb/11)	List Sedative Drugs Used  ☐ Hands free method (UK only)									
Clinical Signs: ☐ Yes ☐ No	□ Not Evaluated Hospital Case Number (If Applicable) Weight (Ibs) OR Weight (kg)									
Severity:										
CLIENT Information	☐ Please check if <b>address has changed</b> since last PennHIP evaluation									
CLIENT Information  Last Name			⊔ Please			ırı <b>gea</b> sınce	iast Pen	innip evaluation		
Last Name		First Nam								
Street Address/ Mailing P.O. Box										
City				State		Pos	tal Code			
City				State		1 03	Fosial Code			
COUNTRY (if outside of the U.S.A.)  Telepho			hone		e-mail					
COUNTY (ii datalae of the c.e.r.)		Тоюр	110110		o man					
DOG Information		<b>∻</b> То є	ensure accuracy we	recommend	including a co	py of the do	g's regis	tration papers 🌣		
Registered Name Call Name										
Breed			Sex ☐ Male ☐ Neuter	☐ Female ed/ Spayed						
00Registration Number	Sire's Registration N			mber Dam's Registration Numb			Number			
Tattoo Microchip number **	IMPORTANT: Has this dog had hip surgery? ☐ Yes ☐ No If yes, procedure:									
Donn HID atrangly recommends	Has <b>THIS</b>	las THIS dog had PennHIP before?								
PennHIP strongly recommends <b>permanent</b> identification for all dogs.    If yes, when:   OFA Rating / age at time of OFA score (if known):   Excellent										
						evere				
		□ Exceller	п ш боой ш га	L DOIGE		ı in iviodelg	и <del>с</del> Ц 5	evele		
I understand that this information will be entered into a medical database and the results will be employed in an ongoing scientific investigation on canine hip dysplasia. However, I am also aware that my dog's individual statistics will be kept confidential unless I authorize their release (see below). I certify that the radiographs are of the animal described above. I am aware that the radiographs will be retained by PennHIP and not returned to me. I understand that if there are fewer than twenty dogs of my breed in the database that my dog's ranking will be made relative to the general dog population.  Signature of owner or authorized representative:										
OWNER-Authorization to Release My Dog's Hip Scores: PennHIP is establishing an open-optional database to facilitate identifying and listing suitable breeding candidates. If PennHIP scoring indicates my dog to be appropriate for breeding (top 40% of the breed without degenerative joint disease), I authorize PennHIP to include my dog's hip information in the PennHIP open-optional database, which will be made available to the public.  Initials of Owner: Date										
VETERINARIAN/ STAFF use only: The above stated** permanent identification (Microchip/ Tattoo) was: ☐ Verified ☐ Not verified										
Print Namo:	Signature				Data					