



ANKC LTD CANINE HIP/ELBOW DYSPLASIA APPEAL SUBMISSION FORM

Dog Details			
ANKC Registered Name			
ANKC Registered Number			
Microchip Number/Tattoo			
Breed			
Owner Details and Declaration			
Owner/s Name			ANKC Member No
Owners Address			
Owners Email			
Contact Name			
Contact Address			
Contact Email			
I/We hereby declare that:			
<ul style="list-style-type: none"> a) The images provided for reading under the ANKC LTD CHEDS APPEAL PROCEDURE are the same images that were originally read under the ANKC LTD CHEDS PROCEDURE b) The particulars as shown above are correct and relate to the images submitted for appeal. c) I give permission for the results of the examination to be used at a future date for the purpose of statistical research which may be published and for use by the ANKC Ltd. 			
In addition to using the results for statistical purposes the results will be placed on an open register with the ANKC Ltd. Place a "X" in the box if not approved <input type="checkbox"/>			
Owners Signature:		Date:	
Veterinarian Details			
Referring Veterinarian			
Referring Veterinary Practice			
Address			
Telephone Number		Email	
Radiographs must include			
Clear indelible labels Microchip or tattoo number	Date of Radiography Client surname	Animal Registered Name and Number Left or Right Markers	
Veterinarian Signature:		Date:	
Radiologist			
Film quality: Satisfactory, underexposed, overexposed, extraneous marks			
Positioning: Satisfactory, tilted laterally left/right, femora not sufficiently extended, femora not evenly extended			
Date Radiographs Received:			
<ul style="list-style-type: none"> a) Please tick whichever result is being appealed: <input type="checkbox"/> Hips <input type="checkbox"/> Elbows <input type="checkbox"/> Hips and Elbows b) Under the ANKC LTD CHEDS APPEAL PROCEDURE these images will be submitted for reading by two radiologists other than the radiologist who did the original reading. c) The final score/grade will be that which is closest to the original result d) This final result will be recorded against the dog's name on ORCHID and no further appeal will be considered 			
Payment			
<ul style="list-style-type: none"> a) Fees payable: Hips \$160 Elbows \$ 50 Hips & Elbows \$250 Administration Fee \$ 50 b) Cheques made payable to: ANKC LTD PO BOX 309 CARINA. QLD. 4152. c) Images will not be distributed for reading without receipt of payment 			
DISCLAIMER OF LIABILITY – No liability will be accepted for any circumstances of canine hip and/or elbow dysplasia not mentioned in this report which manifests after the date of this report. DISCLAIMER OF LIABILITY TO THIRD PARTIES – This report is made solely for the use and benefit of the owner named herein and no liability or responsibility whatsoever is accepted for any third party who may rely upon this report wholly or in part. Any third party acting or relying on this report wholly or in part does so at their own risk			