



ANCK LTD CANINE HIP/ELBOW DYSPLASIA APPEAL SUBMISSION FORM

Dog Details									
ANCK Registered Name									
ANCK Registered Number									
Microchip Number/Tattoo									
Breed									
Owner Details and Declaration									
Owner/s Name		ANCK 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 ANCK LTD CHEDS APPEAL PROCEDURE are the same images that were originally read under the ANCK 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 ANCK Ltd. 									
In addition to using the results for statistical purposes the results will be placed on an open register with the ANCK 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: <ul style="list-style-type: none"> <input type="checkbox"/> Hips <input type="checkbox"/> Elbows <input type="checkbox"/> Hips and Elbows b) Under the ANCK 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: <table style="margin-left: 20px; border: none;"> <tr> <td style="padding-right: 20px;">Hips</td> <td>\$160</td> </tr> <tr> <td>Elbows</td> <td>\$ 50</td> </tr> <tr> <td>Hips & Elbows</td> <td>\$250</td> </tr> </table> <p style="margin-left: 40px;">Administration Fee \$ 50 [Note: The Administration fee is in addition to the above fees]</p> b) Payment can be made by Direct Debit to the bank account below; or via PayPal: paypal.me\dogsaustralia ANCK LTD BSB #: 062 597 Account #: 10254956 Please ensure the Reference contains: Appeal with your surname c) Images will not be distributed for reading without receipt of payment 				Hips	\$160	Elbows	\$ 50	Hips & Elbows	\$250
Hips	\$160								
Elbows	\$ 50								
Hips & Elbows	\$250								
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									