



Patient Information

Patients Registered Name:

Patient name: Owner Last Name:

Species: Weight:

Breed: Color:

DOB: m d y Gender:

Spayed or Neutered (yes/no): Tattoo Number:

Microchip Number: Kennel/Registry Club:

Registration Number:

Sire Registration Number:

Dam Registration Number:

Owner Information

Last Name: First Name:

Address:

City: State: Zip:

Country: Phone:

Hospital Information

Referring General Practitioner:

VTH Patient ID Number:

Date of Radiograph:

Clinical Signs (yes/no): Severity: Mild Moderate Severe

Restraint Drugs:

Has this dog had hip surgery? (yes/no/unknown)

Has this dog had a PennHIP radiograph before? (yes/no/unknown)

If yes, then when?

Has this dog suffered hip trauma? (yes/no/unknown)

Comments:



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 Name: _____ Signature: _____ Date: _____