

FRENCH BULLDOG HIP GRADING SCHEME

Dr Mariano Makara

Po Box 634
Lane Cove NSW 1595

Tel 0416 051 002

E-mail hipscoring.makara@gmail.com

Owners must include payment

Hips and Spine \$110.00

Note that fees include GST

Please print all details using black ink and ensure ALL forms are filled out

KC Registered Name _____ ANKC Reg No. _____

Microchip No. _____ **MICROCHIP NUMBER MUST BE DISPLAYED ON X-RAY**

Breed _____ Sex _____ Date Born _____ Date X-Rayed _____

Sire	PGS
	PGD
Dam	MGS
	MGD

Owner's Name _____ Address _____

Telephone Nos. M _____ H _____ E-mail _____

- I declare that
- (a) the particulars above relate to the dog x-rayed;
 - (b) I give consent for the result to be submitted for statistical analysis;
 - (c) I give consent for the statistical analysis to be published.

Owner's signature _____ Date _____

Veterinarian's Name _____ Signature _____

Practice Address _____

Telephone No () _____ Practice Email _____

HIP SCORE	Hip	Right	Left	
	Norberg Angle	_____	_____	
	Subluxation	_____	_____	
	Cranial acetabular edge	_____	_____	
	Dorsal acetabular edge	_____	_____	
	Cranial eff. acet.rim	_____	_____	
	Acetabular fossa	_____	_____	
	Caudal acetabular edge	_____	_____	
	Fem neck exostosis	_____	_____	
	Fem head recontouring	_____	_____	
	Total	_____	_____	Score _____

Signed _____
Dr M Makara

Date _____

HEMIVERTEBRAE THORACIC & LUMBAR SCREENING FORM

Dr Mariano Makara

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X-rays required for grading: a lateral and a ventro-dorsal of the thoracic and lumbar spine (two X-ray plates)

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KC Registered Name _____ ANKC Reg No. _____

Microchip No. _____ **MICROCHIP NUMBER MUST BE DISPLAYED ON X-RAY**

Breed _____ Sex M F DOB _____ Date X-Rayed _____

Sire	PGS
	PGD
Dam	MGS
	MGD

Owner's Name _____ Address _____

Telephone Nos. M _____ H _____ E-mail _____

I declare that

- (a) *These particulars relate to the dog x-rayed*
- (b) *I give consent for the result to be submitted for statistical analysis*

Owner's signature _____ Date _____

Veterinarian's Name _____ Signature _____

Practice Address _____

Telephone No () _____ Practice Email _____

SPINE FROM 1ST THORACIC TO 7TH LUMBAR

T1	T2	T3	T4	T5	T6	T7	T8	T9	T10	T11	T12	T13	L1	L2	L3	L4	L5	L6	L7

- Grade 1 Partially wedged vertebra
- Grade 2 Fully wedged vertebra
- Grade 3 Double wedged (butterfly) vertebra

Score _____

Signed _____
Dr M Makara

Date _____