

# BRITISH VETERINARY ASSOCIATION/KENNEL CLUB HIP DYSPLASIA SCHEME

To: British Veterinary Association  
7 Mansfield Street, London W1G 9NQ  
Telephone: 020 7908 6380

THE ORIGINAL OF THIS  
CERTIFICATE IS GREEN

21-211223

## Section A - TO BE COMPLETED BY OWNER/AGENT

|  |                               |                       |                            |
|--|-------------------------------|-----------------------|----------------------------|
| KC Registered Number                       |                               | NOT REGISTERED        |                            |
| KC Registered Name <u>Ripley's Bubbles</u> |                               |                       |                            |
| Breed                                      | <u>Australian Labradoodle</u> | Sex                   | <u>F</u>                   |
| Date of birth                              |                               | <u>24 / 07 / 2020</u> |                            |
| Name of owner                              |                               | <u>Judy Ripley</u>    |                            |
| Address                                    |                               | [REDACTED]            |                            |
| Post code                                  |                               | [REDACTED]            |                            |
| Sire:                                      | <u>Oakham's Fergus</u>        | Dam:                  | <u>Ripley's Diva Dream</u> |

I hereby declare that (NB: DELETION OF ANY OF THESE ITEMS INVALIDATES THIS CERTIFICATE)

- (a) The particulars above are correct and relate to the dog submitted for radiographic examination
- (b) This dog is a minimum of one year old and has not previously been scored under this Scheme
- (c) I give permission for a copy of the certificate to be sent to the geneticist retained by the breed society or other representative body
- (d) I give permission for the results of the examination to be used at a future date for the purpose of statistical research
- (e) I give permission for the results to be published and included on the relevant KC documents
- (f) I understand that once the submission has been received by the Canine Health Schemes office it cannot be withdrawn from the process
- (g) I understand that the personal information provided as part of the scheme is only used to facilitate my request and will be retained for 7 years for accounting purposes on an electronic system. My personal information will not be shared with anyone outside the scheme

Owner's/Agent's signature [Signature] Date 1 28 AUG 2021

## Section B - TO BE COMPLETED BY SUBMITTING VETERINARY SURGEON

*(Section A must be completed in full before completing Section B)*

|   |                        |                            |                                     |
|---|------------------------|----------------------------|-------------------------------------|
| Microchip/Tattoo no.  | <u>900133000416982</u> | Microchip/Tattoo confirmed | <input checked="" type="checkbox"/> |
| I certify that the radiograph relating to the dog identified above was taken on the following date and in conformity with the provisions of the Hip Dysplasia Scheme Procedure Notes. |                        | <u>1 28 AUG 2021</u>       |                                     |
| Veterinary surgeon submitting radiograph (BLOCK CAPITALS) <u>[REDACTED]</u>   |                        |                            |                                     |
| Address <u>[REDACTED]</u>   |                        |                            |                                     |
| Post code   |                        | <u>[REDACTED]</u>          |                                     |
| Veterinary Surgeon's Signature <u>Roger S. Newark</u>   |                        | F/MRCVS                    | Date <u>1 28 AUG 2021</u>           |

Please submit the correct fee for the radiograph to be processed (cheques payable to BVA.) For current fees contact BVA

## Section C - TO BE COMPLETED BY SCRUTINEERS

### CERTIFICATE OF SCORING

| HIP JOINT                        | Score Range                  | Right    | Left     |
|----------------------------------|------------------------------|----------|----------|
| Norberg angle                    | 0-6                          | <u>2</u> | <u>1</u> |
| Subluxation                      | 0-6                          | <u>2</u> | <u>1</u> |
| Cranial acetabular edge          | 0-6                          | <u>1</u> | <u>1</u> |
| Dorsal acetabular edge           | 0-6                          | <u>/</u> | <u>/</u> |
| Cranial effective acetabular rim | 0-6                          | <u>/</u> | <u>/</u> |
| Acetabular fossa                 | 0-6                          | <u>/</u> | <u>/</u> |
| Caudal acetabular edge           | 0-5                          | <u>/</u> | <u>/</u> |
| Femoral head/neck exostosis      | 0-6                          | <u>/</u> | <u>/</u> |
| Femoral head recontouring        | 0-6                          | <u>/</u> | <u>/</u> |
| <b>TOTALS</b>                    | (max possible 53 per column) | <u>5</u> | <u>3</u> |

NB The scores represent the opinion of the BVA appointed scrutineers for the radiograph submitted. The lower the score, the less evidence of hip dysplasia present. Please consult the current procedure notes and breed mean score sheet for relevant details (available from BVA)

Total score (max possible 106) 8

WE HEREBY CERTIFY that the score of the radiograph submitted for the dog identified above was produced using the scoring criteria of the BVA/Kennel Club Hip Dysplasia Scheme Date 01 OCT 2021

Signed [Signature] F/MRCVS Signed [Signature] F/MRCVS