

# PawPeds

## Hip Dysplasia Testing for Cat

To be filled in by the owner	
Owner's name Shireen Booyse	
Address 22 Observatory Close Whitby	
Post code/City/State Perth WA 6024	
Country New Zealand	
Phone (including country code) 0064 4 2346304	
Email shireenbooyse@gmail.com	
Cat's registered name Massivecats Minnie Mouse	
Registration number 90107-100021-4	
ID number, microchip or tattoo 982 000146309844	
Breed of cat Maine Coon	
Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Born (year-month-day) 17 November 2009	
Sire Karacans Vesuvianite (Aus)	
Dam Yendor Mounshadow (Aus)	
I have read PawPeds' instructions for hip dysplasia testing and accept the terms. I give my permission for including the result in the database of the health programme, to make the result public and for PawPeds to retain the X-rays.	
Signature X <i>Shireen Booyse</i>	

Information
All fields must be completed. The form must be signed by the owner.
Send the completed form and X-rays to: Lars Audell Veterinär AB Gudby Gård SE-164 92 Upplands Väsby Sweden
Payment for evaluation should be made in advance to PawPeds. See <a href="http://www.pawpeds.com/healthprogrammes/HIDInfoOwner.html">http://www.pawpeds.com/healthprogrammes/HIDInfoOwner.html</a> for up to date payment information.

To be filled in by the examiner	
Clinic RAPPAW VETERINARY CARE	
Address 15 PAROMATA CRESCENT	
Post code/City/State PORIRUA CITY 5024	
Country NEW ZEALAND	
Phone (including country code) 0064 4 2338059	
Examination date (year-month-day) 2010-12-15	
Clinical hip status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Not examined	
Limping/pain <input type="checkbox"/> Left <input type="checkbox"/> Right <b>NO</b>	
Remarks	
I hereby certify that the identity of this cat has been checked against the pedigree.	
Signature X <i>[Signature]</i>	
Examiner's name in block letters	

Result	
Left side <input type="checkbox"/> Normal <input type="checkbox"/> Borderline <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	
Right side <input type="checkbox"/> Normal <input type="checkbox"/> Borderline <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Remarks	
Signature <i>[Signature]</i> Date 11.1.11	
Lars Audell	