

# Hemivertebrae Screening Scheme Submission Form

---

**Section A** – to be completed by owner

KC Registration Number (if applicable)																			
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

KC Registered Name (if applicable) .....

Breed ..... Sex ..... Date of birth ...../...../.....

Name of Owner ..... Address .....

..... Post code .....

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

a) The particulars above are correct and relate to the dog submitted for radiographic examination b)

**This dog is a minimum of 12 months old**

c) I give permission for a copy of the certificate to be sent to the Pug Breed Council Health Subcommittee

d) I give permission for the results of the examination to be used at a future date for the purpose of statistical research

Owner's signature ..... Date ...../...../.....

---

**Section B** – To be completed by the veterinary surgeon  
(Section A must be completed in full before completing section B)

Microchip/Tattoo no.																			
----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

)

Microchip/Tattoo confirmed (please tick) 

Examination conducted under Anaesthesia / Sedation (Please circle)

I certify that the radiograph relating to the dog identified above was taken on ...../...../..... and in conformity with the provision of the Hemivertebrae Procedure Notes

**Name of Veterinary surgeon submitting radiograph (BLOCK CAPITALS)**

.....

Address .....

..... Post code .....

Veterinary Surgeon's Signature ..... F/MRCVS Date ...../...../.....

---

**Section C** – To be completed by the surgeon

[Radiographic report to include presence/absence of HV, possible suggestion for further investigation and actions for treatment]

Signature ..... Date ...../...../.....