Hemivertebrae Screening Scheme Submission Form

Section A – to be completed	by owner												
	KC Registration	on Numbe	er (if applic	cable)									
KC Registered Name (if applicable)													
Breed													
Name of Owner													
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									tee				
Owner's signature													
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Microchip/Tattoo no.) Examination conducted under	r Anaesthesia /	/ Sedation		t (he v Sec ull b	etei tion efor	inary A more e co	su ust npl	rged be d eting	on com g se	plete ctio	ed ii n B)	า
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Section C – To be completed by the surgeon	
[Radiographic report to include presence/absence of HV, possible suggestion actions for treatment]	for further investigation and
Signature	Date/