

The Pug Dog Welfare & Rescue Association

Registered Charity No. 276067



Hemivertebrae Screening Certificate

Hemivertebrae Screening Scheme - **Please use BLOCK CAPITALS**

Section A - To be completed by owner			
Owner Information		Dog Information	
Your Name:		KC Registered Number: *	
Address:		KC Registered Name: *	
Address:			
Town:		Breed:	
County:		Sex:	
Postcode:		Date of Birth:	
Tel:		<i>*If applicable</i>	
Email:			
<p>I hereby declare that:</p> <p>a. The particulars above are correct and relate to the dog submitted for radiographic examination</p> <p>b. The dog is a minimum of one year old</p> <p>c. I give permission for a copy of the certificate to be sent to the Pug Dog Welfare & Rescue Association</p> <p>d. I give permission for the results of the examination to be used at a future date for the purposes of statistical research</p> <p><i>(N.B. Deletion of any of the above items invalidates this report)</i></p>			
Owner's Signature:		Date:	

Section B - To be completed by the Veterinary Surgeon <i>(Section A must be completed before completing section B)</i>			
Veterinary Surgeon Submitting Radiograph		Microchip / Tattoo Details	
Name:		Microchip / Tattoo Number:	
Address:			
Address:		Microchip / Tattoo Confirmed:	<i>(Please tick)</i>
Town:			
County:			
Postcode:			
Tel:			
Email:			
<p>I certify that the radiograph relating to the dog identified above was taken on <i>(date)</i> and in conformity with the provision of the Hemivertebrae Procedure Notes.</p>			
Veterinary Surgeon's Signature:		Date of Signing:	
	F/MRCVS		

Section C - To be completed by the Surgeon			
<p><i>(Radiographic report to include presence/absence of HV, possible suggestion for further investigation and actions for further treatment).</i></p>			
Surgeon's Signature:		Date of Signing:	