

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	
Your Name:	
Address:	
Address:	
Town:	
County:	
Postcode:	
Tel:	
Email:	
Dog Information	
KC Registered Number: *	
KC Registered Name: *	
Breed:	
Sex:	
Date of Birth:	
	<i>*If applicable</i>
<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	
Name:	
Address:	
Address:	
Town:	
County:	
Postcode:	
Tel:	
Email:	
Microchip / Tattoo Details	
Microchip / Tattoo Number:	
Microchip / Tattoo Confirmed:	<i>(Please tick)</i>
<p>I certify that the radiograph relating to the dog identified above was taken on (date) 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	
<i>(Radiographic report to include presence/absence of HV, possible suggestion for further investigation and actions for further treatment).</i>	
Surgeon's Signature:	Date of Signing: