



Radiograph Evaluation Application

Office Use Only

Please complete and submit with radiographs

- \$35 Evaluation Fee
 - \$40 Priority Evaluation Fee (3-5 business days)
- Clinic's Fax # (required): _____

Select Payment:

- Bill Practice Check Enclosed *Payable to U of P – PennHIP*
- VISA MasterCard

Credit Card #: _____

Exp. Date: _____

Radiograph Information - To be completed by PennHIP member			
Member Number	Distractor Number	Member Name (Print)	
Date of Radiograph (MM/DD/YY)	Patient Weight (lbs)	Hospital / Practice Case # (If Applicable)	
Clinical Signs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Evaluated	Severity : <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Drugs used for Restraint	
Duration in months: _____			

The following is to be completed by the dog owner, PLEASE PRINT CLEARLY:

Client Information		
<input type="checkbox"/> Please check if address has changed since last PennHIP evaluation		
Last Name	First Name	
Mailing PO Box/Street Address		
City	State	Postal Code
Country (if outside of the U.S.A.)	Telephone	

Dog Information		
IMPORTANT: Has this dog had hip surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, procedure: _____		
Registered Name	Call Name	
Breed	Sex <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed	Date of Birth (Month/Day/Year)
Tattoo Number	Microchip Number	DNA Profile Number
Registration Number	Sire's Registration Number	Dam's Registration Number
Has THIS dog had a PennHIP radiograph before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, when?	
OFA Rating (if known): <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Borderline <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
Is this a Preliminary OFA Rating (performed before 2 years old)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

*I understand that this information will be entered into a medical database and the results will be employed in an ongoing scientific investigation on canine hip dysplasia. However, I am also aware that my dog's individual statistics will be kept confidential unless I authorize their release. I certify that the radiographs are of the animal described above. **I am aware that the radiographs will not be returned to me.** I understand that if there are fewer than twenty dogs of my breed in the database that my dog's ranking will be made relative to the general dog population. Dogs must have permanent ID to be included in the semi-open database (see below).*

Signature of Owner: _____

PennHIP wishes to combat hip dysplasia genetically by identifying suitable candidates for breeding. If PennHIP scoring indicates my dog is appropriate for breeding (top 40%), I authorize PennHIP to make my dog's information available to interested breeders and pet owners. _____ Initials _____ Date

SUBMIT THIS PAGE WITH THE RADIOGRAPHS; MAKE A COPY TO RETAIN IN YOUR CLINIC'S RECORDS.