

Evaluation sheet SV-ED examination

May only be used for **German Shepherd Dogs!**

Stamp of vet
Carrimbo do Veterinário

Owner's address or billing address:

Name/First name **Nome do Proprietário**

Address **Morada**

Membership number _____

Date of x-ray: **Data do RX** Number: _____

Sex male female

Name of dog with kennel name **Nome do Exemplar**

Breed book number **Nº livro de Origens**

Tattoo/Chip number **Microchip numero** DOB **Data de nascimento**

This is to confirm that the tattoo/microchip/breed book number have been compared with the pedigree from the signee **personally**, the x-rays have been marked clearly, an x-ray not has been made into the pedigree and the dog has been narcotized sufficiently for an adequate relaxation of the muscles. The right of ownership over the ED x-rays is resigned from.

data
Date

Assinatura do Veterinário
Signature vet

I confirm the data of the beforesaid dog and I understand and agree that, with taking part in the payable SV-ED processing, the made x-ray becomes property of SV. I confirm the identity of the dog as well as that no surgery of the elbow joints has been made.

data
Date

Assinatura do proprietário
Signature owner

Remarks vet: _____

Rating of vet:

- No evidence for elbow dysplasia Borderline Mild elbow dysplasia
 Severe elbow dysplasia Moderate elbow dysplasia

Rating of ED center /FCI:

- normal/ED 0 moderate ED/ED 2 OCD Coronoid disease incomplete IPA
 nearly normal severe ED/ED 3 FCP Arthrosis grade _____
 still permitted /ED 1 IPA _____ level

ED rating refused because of:

- Lack in positioning Lack in quality

Remarks: _____

Additional ratings: _____

Date Stamp Signature evaluator

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Remarks vet: _____

Points CH

	Osteoph	Osteoph	Skleros	Inkongr.	Coron.	Ancon.	Trochl.	Pkt	PktΣ	Pktø
right										
left										

Points Version

	Osteoph	Osteoph	Skleros	Inkongr.	Coron.	Ancon.	Trochl.	Pkt	PktΣ	Pktø
right										
left										

Angular measurement in degree

OL	PA	UL	RA

Remarks: _____

Date

Stamp

Signature evaluator