

# Radiograph Evaluation Application

Office Use Only

Please complete and submit with radiographs

### Veterinary Practice ONLY- Payment options

- Regular Evaluation Fee
- Priority Evaluation (3-5 business days) Additional charge  
**Hospital Fax - Required for Priority Evaluation only**
- Fax Number : \_\_\_\_\_
- Select Payment** (check or credit card payment **must be from the hospital**):
- Bill Practice     Check Enclosed **Payable to: U of PA – PennHIP**
- VISA                 MasterCard
- Credit Card #: \_\_\_\_\_
- Exp. Date: \_\_\_\_\_

### Veterinary Practice- Radiograph Information

Member Number	Member Name (Print)	Distractor No.
Date of Radiograph (MM/DD/YY)	List Sedative Drugs Used	<input type="checkbox"/> Hands free method (UK only)
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 Duration (months):	Hospital Case Number (If Applicable)	Weight (lbs) <u>OR</u> Weight (kg)

### CLIENT Information

Please check if address has changed since last PennHIP evaluation

Last Name	First Name
Street Address/ Mailing P.O. Box	
City	State                      Postal Code
COUNTRY (if outside of the U.S.A.)	Telephone                      e-mail

### DOG Information

*❖ To ensure accuracy we recommend including a copy of the dog's registration papers ❖*

Registered Name	Call Name
Breed	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered/ Spayed
Date of Birth (MM/DD/YY)	
00Registration Number	Sire's Registration Number                      Dam's Registration Number
Tattoo    Microchip number **	<b>IMPORTANT:</b> Has this dog had <b>hip surgery</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, procedure:
PennHIP strongly recommends <b>permanent identification</b> for all dogs.	Has <b>THIS</b> dog had <b>PennHIP</b> before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, when:
	OFA Rating / age at time of OFA score (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

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 (see below). I certify that the radiographs are of the animal described above. I am aware that the radiographs will be retained by PennHIP and not 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.

**Signature of owner or authorized representative:** \_\_\_\_\_

**OWNER-Authorization to Release My Dog's Hip Scores:** PennHIP is establishing an **open-optional database** to facilitate identifying and listing suitable breeding candidates. If PennHIP scoring indicates my dog to be appropriate for breeding (top 40% of the breed without degenerative joint disease), I authorize PennHIP to include my dog's hip information in the **PennHIP open-optional database**, which will be made available to the public.    **Initials of Owner :** \_\_\_\_\_    **Date** \_\_\_\_\_

**VETERINARIAN/ STAFF** use only: The above stated\*\* permanent identification (Microchip/ Tattoo) was:     Verified     Not verified

Print Name: \_\_\_\_\_                      Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

Submit this page with the radiographs/CD; make a copy to retain in your clinic's records

**Submit hard-copy radiographs and digital images (DICOM) on a CD to:**

**PennHIP • University of Pennsylvania School of Veterinary Medicine • 3800 Spruce Street • Philadelphia, PA 19104**