



Radiograph Evaluation Application

Office Use Only

Please complete and submit with radiographs

Veterinary Practice ONLY- Payment options

Regular Evaluation Fee
 Priority Evaluation Additional charge
Hospital Fax - Required for Priority Evaluation only

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: _____

Fax Number: _____

Veterinary Practice- Radiograph Information

Member Number 33841	Member Name (Print) Dr. Paul Edmonds	Distractor No. 2319
Date of Radiograph (MM/DD/YY)	List Sedative Drugs Used	<input type="checkbox"/> Hands free method (UK only)
Clinical Signs: Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Duration (months):	Hospital Case Number (If Applicable)	Weight (lbs) OR 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: Male Female
 Neutered/ Spayed Date of Birth (MM/DD/YY): _____

Registration Number: _____ Sire's Registration Number: _____ Dam's Registration Number: _____

Tattoo Microchip number **: _____

IMPORTANT: Has this dog had **hip surgery**? Yes No
If yes, procedure: _____

PennHIP strongly recommends **permanent identification** for all dogs.

Has **THIS** dog had **PennHIP** before? Yes No Unknown
If yes, when: _____

OFA Rating / age at time of OFA score (if known):
 Excellent Good Fair Borderline Mild Moderate 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