



# 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	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) <b>OR</b> 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)	
Registration 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**