



# PennHIP Radiograph Evaluation Application

Office Use Only

Please complete and submit with radiographs

Radiograph Information – To be completed by PennHIP member			
Member Number: 3446	Distractor Number: 2519	Member Name (Print): Lucas Thomi	
Date of Radiograph (MM/DD/YY)	Patient Weight (kg / lbs)	Hospital / Practice Case #	
Clinical Signs:	Severity:	Drugs used for Restraint:	

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

Client Information		Please let us know if address has changes 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? Yes / No						Procedure:	
Registered Name:						Call Name:	
Breed:			Sex:		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?				Yes / No		If yes, when?	
OFA Rating if known: (circle)		Excellent	Good	Fair	Borderline	Mild	Moderate
Is this a Preliminary OFA Rating (performed before 2 years old?)						Yes / 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.*

Signature of Owner: \_\_\_\_\_