

# PawPeds

## Hip Dysplasia Testing for Cat



X0

To be filled in by the owner	
Owner's name	Andrea Massen
Address	Hoefinkhof 71
Post code/City/State	7251 WK Vorden
Country	NL
Phone (including country code)	+31 6 12376199
Email	piercingmiep@gmail.com
Cat's registered name	Ajay vd Lieve Knottebollen
Registration number	RVT 148.219
ID number, microchip or tattoo	528210006523191
Breed of cat	Maine Coon
Sex	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Born (year-month-day)	08-09-2021
Sire	Thor vd Lieve Knottebollen RVT 146.476
Dam	Beso del Tigre Ailani NLKV 2015.794
I have read PawPeds' instructions for hip dysplasia testing and accept the terms. I am aware that the results and X-rays will be retained for the records of PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release all results from this form.	
Signature	

Information
All fields must be completed. The form must be signed by the owner.
Send the completed form and X-rays to: Universiteitsdiergeneeskunde UDS Att: Elisabeth Ball Box 7040 SE-750 07 Uppsala Sweden
Payment for evaluation should be made in advance to PawPeds. See <a href="http://www.pawpeds.com/healthprogrammes/HDInfoOwner.html">http://www.pawpeds.com/healthprogrammes/HDInfoOwner.html</a> for

To be filled in by the examiner	
Clinic	Mobiele Dierenkliniek
Address	Oude IJsselweg 27
Post code/City/State	7075 DN, Etten
Country	NL
Phone (including country code)	+31 6 18299337
Examination date (year-month-day)	17-06-2022
Clinical hip status	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Not examined
Limping/pain	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Weight 6
Sedated	<input checked="" type="checkbox"/> Yes, with: 0,3 medetomidine <input type="checkbox"/> No
Remarks	
I hereby certify that the identity of this cat has been checked against the pedigree.	
Signature	X
Examiner's name in block letters	Thea Giesbers

Result	
Left side	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Right side	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <i>Klein beetje opperlating</i>
Remarks	
Signature	
Date	17-6 2022
Elisabeth Ball	