



Case Number

PUPSCAN X-RAY REVIEW REQUEST FORM

Strictly private and confidential for addressee only

Reason for referral

(Please provide as much information as possible and attach any relevant x-rays or reports)

DOG IDENTIFICATION

Breed			
Breeders name			
Contact Telephone number			
Breeder address			
Registered name of dog or Kennel name			
Micro Chip number			
Date of Birth			
Male or Female	Male	Female	
Entire / Neutered	Entire		
Image; Diagnostic	Hip	Elbow	Other
Image; Scoring	Hip	Elbow	
Date of X-Ray			
Height at Shoulder (cm)			
X-raying vet			
Veterinary contact details			
Telephone number			
Age at X-Ray			
Weight (Kg)			
Nutrition			
Raw, please specify			
Complete, please specify			
Other, please specify			
Dogs living environment, please state.	Outside	inside	

Daily average hours spent outside
Daily hours spend inside

Section to be completed by Pupscan Report

Image Quality	Good	Fair	
	Poor	Inadequate for Report	
Labelling Complete	Yes	No	
	Laterality shown		
Dorso-Ventral	Ventro-Dorsal		
Lateral	True	Frog	Oblique
Gonad protection	Yes	No	
Distraction	Longitudinal	Penn Hip	

Findings

Conclusion

Evidence of Predominantly Genetic Disorder	Yes	Possible	No
Pathological Diagnosis			
Contra-Indication to Breeding	Yes	Possibly	No

Signed: Mr. G. E. MacLellan

Signed Mr. P. Kelly

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Dated