



OFFICIAL EXAMINATION ON PATELLAR LUXATION

Based on the ZRSKG of the SKG, the breeding regulations of the dog breed clubs and the regulations for the prevention of patellar luxation, the dog, as identified below, was examined for patellar luxation.

Owner

Name / first name _____
 Address _____
 Zip code / city _____
 Phone / e-mail _____

Dog information

Breed _____ male female
 Name acc. certificate _____ SHSB-Nr. _____
 Chip-Nr. _____ SHSB-Nr. father _____
 Weight _____ SHSB-Nr. mother _____
 Date of birth _____ number of puppies? _____
 Orthopaedic surgeries performed on dog _____ number of litters to date? _____

The undersigned registered dog owner confirms the identity of the dog and reassures that no correcting surgeries have been performed on the dogs hind legs.

Place / date: _____ Owner's signature: _____

Orthopaedic examination

| | |
|-------------------------------|---|
| History | collected, <input type="checkbox"/> yes / <input type="checkbox"/> no |
| Gait examination walk | performed, <input type="checkbox"/> yes / <input type="checkbox"/> no |
| Gait examination trot | performed, <input type="checkbox"/> yes / <input type="checkbox"/> no |
| Dog examination when standing | performed, <input type="checkbox"/> yes / <input type="checkbox"/> no |
| Dog examination when lying | performed, <input type="checkbox"/> yes / <input type="checkbox"/> no |

Examination for patellar luxation

first consult / second consult Examination under sedation: yes / no

Left knee

To medial: grade 0 / grade 1 / grade 2 / grade 3 / grade 4
 To lateral: grade 0 / grade 1 / grade 2 / grade 3 / grade 4

Right knee

To medial: grade 0 / grade 1 / grade 2 / grade 3 / grade 4
 To lateral: grade 0 / grade 1 / grade 2 / grade 3 / grade 4

Examination of hind legs and knees

| | | |
|---|--|---|
| Is there lameness of a hind leg | left <input type="checkbox"/> no / <input type="checkbox"/> constantly / <input type="checkbox"/> intermittent | right <input type="checkbox"/> no / <input type="checkbox"/> constantly / <input type="checkbox"/> intermittent |
| Can you cause pain in the knee joint | <input type="checkbox"/> no / <input type="checkbox"/> yes | <input type="checkbox"/> no / <input type="checkbox"/> yes |
| Is there rupture of the cruciate ligament | <input type="checkbox"/> no / <input type="checkbox"/> yes | <input type="checkbox"/> no / <input type="checkbox"/> yes |
| Is there hamstring muscular hypotrophy | <input type="checkbox"/> no / <input type="checkbox"/> yes | <input type="checkbox"/> no / <input type="checkbox"/> yes |
| X-ray findings (optional): are there any contour disorders / axis deviations of hind legs | <input type="checkbox"/> no / <input type="checkbox"/> yes, which _____ | <input type="checkbox"/> no / <input type="checkbox"/> yes, which _____ |

The undersigned independent expert confirms the dogs chip number and that it corresponds with the entry in the birth certificate and on this form. Further, the undersigned expert assures that the dog's examination was personally performed.

Name of expert: _____

Place / date: _____ signature: _____

Archiving and distribution of this examination protocol

1. Entry in PetHealthData (PHD) / 2. Signed original for the owner / 3. Signed copy for the responsible dog club / 4. Signed copy for the expert.