PennHIP

Radiograph Evaluation Application

Please complete and submit with radiographs

Office Use Only

Veterinary Practice ONLY- Payment options

☐ Regular Evaluation Fee

☐ Priority Evaluation Additional charge

Hospital Fax - Required for Priority Evaluation only

Fax Number : _____

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: _____

Veterinary Practice- Radiograph Information

Member Number	Member Name (Print)	Distractor No.
Date of Radiograph (**MM/DD/YY**)	List Sedative Drugs Used	☐ Hands free method (UK only)

Clinical Signs: ☐ Yes ☐ No ☐ Not Evaluated Severity : ☐ Mild ☐ Moderate ☐ Severe Duration (months):	Hospital Case Number (If Applicable)	Weight (lbs) **OR** 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 ☐ Male ☐ Female ☐ Neutered/ Spayed	Date of Birth (**MM/DD/YY**)
00Registration Number	Sire's Registration Number	Dam's Registration Number
Tattoo Microchip number **	**IMPORTANT:** Has this dog had **hip surgery**? ☐ Yes ☐ No If yes, procedure:	
PennHIP strongly recommends **permanent identification** for all dogs.	Has **THIS** dog had **PennHIP** before? ☐ Yes ☐ No ☐ Unknown If yes, when:	
	OFA Rating / age at time of OFA score (if known): ☐ Excellent ☐ Good ☐ Fair ☐ Borderline ☐ Mild ☐ Moderate ☐ 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