

Verband für Kleine Münsterländer Vorstehhunde e.V.

◆ Mitglied im JGHV ◆ V D H ◆ F C I ◆ K I M - INTERNATIONAL

Antrag auf HD-Röntgenuntersuchung

Aufnahme und Antrag zusammen einsenden an TG-Verlag Beuing GmbH, Liebigstraße 43 in 35392 Giessen

Mit der Unterschrift auf diesem Formular verpflichtet sich der Antragsteller, vor Einsendung der Röntgenaufnahme die Gebühr für die Auswertung in Höhe von 30 Euro unter Angabe „HD – Name des KIM oder ZB-Nummer“ auf das Konto der Zuchtbuchstelle des KIM-Verbandes zu überweisen:

Volksbank Ahlen-Sassenberg-Waren dorf
BLZ 412 625 01, Konto 360 360 2107
IBAN DE 6341262501-3603602107, BIC GENO DEM 1 AHL

HD-A (free); HD-B (borderline); HD-C (slight); HD-D (medium); HD-E (severe)

Jacqueline Geißler Dresdner Str. 19 01774 Pretzschendorf

First name, last name of the applicant

Street address of the applicant

City, state/province zip/postal code of the applicant

Stamp of the veterinary practice

Name of the dog _____ Chip-Nr. _____

Breed book number _____ Whelp date _____ Male Female
(Pedigree number)

The radiograph becomes the property of the Verbandes für Kleine Münsterländer Vorstehhunde e.V upon submission. I agree that the results of the evaluation may be processed for breeding and published. I confirm that no operations or manipulations were made to my dog which might have an effect on the depiction of the hip joints.

Signature of the owner
as declaration of consent

Confirmation of the Veterinary Radiologist

Weight of dog

_____ kg

I hereby confirm the identity of the x-rayed dog. The chip number or tattoo was compared with the breed book number based on the pedigree. The x-ray is marked with name, breed book number of the dog and "R" (right) and "L" (left). The dog was adequately sedated for the creation of the radiographic images. No other means were employed. I waive my legal rights to the radiographs for the benefit of the Kleine Münsterländer Club (Kleine Münsterländer Vorstehhunde e.V.)

Date of the radiograph

Signature of the Veterinary Radiologist

BEFUND DER HD-ZENTRALE

Archiv-Nummer:

<input type="checkbox"/> HD - A	<input type="checkbox"/> HD - B	<input type="checkbox"/> 1	<input type="checkbox"/> 2	rechte	linke	Norbergwinkel re _____ li _____ HQ:
<input type="checkbox"/> HD - C				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> HD - D				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> HD - E				<input type="checkbox"/>	<input type="checkbox"/>	

Bemerkungen:

Ort, Datum

Unterschrift und Stempel des Gutachters

This completed form and assessment is a document in the legal sense. Changes or additions are not allowed.