



United States Rottweiler Club

Application for ADRK Hip/Elbow Evaluation

All information must be typed or printed neatly

Mail Application, Documents, X-Rays & Fee to:
USRC Head Breed Warden, Erika Butler
 26317 NE 139th Ave, Battle Ground, WA 98604
 FAX: 360-687-2641

A dog's ORIGINAL USRC Registration or a completed application for registration **MUST** accompany this application.

Name of Dog			<input type="checkbox"/> Male	Date of Birth
			<input type="checkbox"/> Female	
USRC Registration Number	ADRK Registration #	AKC Registration #	Other Registration #	

Owner Information:

Owner		Co-Owner	
Address		City	State Zip
Phone	Fax	E-Mail	

Veterinarian's Information:

Veterinarian's name or veterinary hospital		Date radiograph taken (month-day-year),	Film no.
Address		City	State Zip
Phone	Email	E-Mail	

Identification:
 All dogs applying for hip and/or elbow evaluation through USRC must have permanent identification (tattoo or microchip) verified by the veterinarian at the time of x-rays. The signature of the veterinarian must be on this application for the x-rays to be processed.

I certify that I have examined the tattoo or microchip of this dog/bitch at the time of x-ray.

<input type="checkbox"/> Tattoo	Tattoo or Microchip Number	Location of Tattoo (circle one)
<input type="checkbox"/> Microchip		RE-Right Ear LE-Left Ear IRT-Inner Right Thigh ILT-Inner Left Thigh
Veterinarian Signature		Date Phone

I hereby certify that the radiograph submitted is of the animal described on this application and that neither the pelvic nor the elbow conformation have been surgically altered. I understand that the radiograph and/or image submitted will be retained by the USRC and/or The University Clinic in Giessen, Germany. If I would like these x-rays back, I have included an extra fee to have them returned to me. I understand that the radiograph and/or image is submitted for an evaluation based on the independent, professional judgment of a single veterinary radiologist at The University Clinic in Giessen, Germany, and I hereby release the USRC, The University Clinic in Giessen, Germany and the veterinary radiologist evaluating these x-rays from any and all liability resulting from the evaluation. I understand that the USRC may release any (normal and abnormal) hip and/or elbow results for all dogs evaluated to the public, and by submitting this application I agree the USRC may do so. I also understand that all evaluations are final and will be permanently identified on the dog's USRC Registration.

Signature of Owner	Date	Signature of Co-Owner	Date
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Fees (check all that apply)

<input type="checkbox"/> Hip dysplasia only	\$75.00
<input type="checkbox"/> Elbow dysplasia only	\$75.00
<input type="checkbox"/> Hips and elbows (together)	\$80.00
<input type="checkbox"/> Electronic Radiographs (submitted on a CD)	<u>Subtract \$10 from above fees</u>
<input type="checkbox"/> Request for films to be returned	<u>Add \$20 to above fees</u>

Payment

I have enclosed a check or money order payable to USRC (US Funds)
 I have sent payment via Paypal to registrar@usrconline.org
 I have included my Visa/MasterCard information below

Charge My VISA MC Expiration Date: CCV:

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Instructions
 Radiographs must be permanently identified in the film emulsion with:

- Registered name and/or number and/or permanent ID
- Name of veterinarian or hospital making the film
- Date of radiograph taken

- Pelvic evaluation are based on the standard VD view with good pelvic definition, pelvis not tilted and femurs extended and parallel (same instructions as OFA Hips)
- Elbow evaluations are based on ... **TBD**

For Official USRC Use Only 08/07

Date Processed	Auth Nr
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