

RHODESIAN RIDGEBACK CLUB OF WESTERN AUSTRALIA (Inc.)
Hip/Elbow Dysplasia Score Submission Form

NAME OF DOG: _____

REGISTERED #: _____ DATE OF BIRTH: _____

SIRE: _____ REG#: _____

DAM: _____ REG #: _____

NAME OF OWNER: _____

HD SCORE: _____

ELBOW SCORE: _____ (Left) _____ (right)

I certify that I am the owner of the above mentioned dog or have been authorised by the owner of the above mentioned dog to submit the attached HD Score sheet to the RRCWA(Inc.).

I understand that the attached HD Score sheet must not have been tampered with in any way and that the score may not be blanked out.

I understand that the attached HD Score sheet will be retained by the Club for its records and may be used for whatever purpose the Club deems fit including allowing access to this score by other members of the Club on written application to the Secretary.

I give/do not give permission for the HD Score and/or Elbow Dysplasia Score to be published in the Club's magazine and on its website.

Signature: _____ Date: _____

Please forward this form, attached to a copy of the HD/Elbow Dysplasia Score sheet to:

The Secretary
RRCWA(Inc.)
PO Box 631
CANNINGTON WA 6987