



PennHIP

Radiograph Evaluation Application

Office Use Only

Please complete and submit with radiographs

- Regular Evaluation Fee
- Priority Evaluation (3-5 business days) Additional charge
Hospital Fax - **Required** for Priority Evaluation **only**

Select Payment (check or credit card payment **must be from the hospital**):

- Bill Practice Check Enclosed *Payable to: U of PA – PennHIP*
- VISA MasterCard

Fax # : _____

Credit Card #: _____

Exp. Date: _____

Radiograph Information - To be completed by PennHIP member			
Member Number	Distractor Number	Member Name (Print)	
Date of Radiograph (Month/Day/Year)	Patient Weight (lbs)	Hospital Case Number (If Applicable)	
Clinical Signs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Evaluated	Severity : <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Duration in months: _____	List All Drugs Used for Restraint	

The following is to be completed by the dog owner, PLEASE PRINT CLEARLY:

Client Information <input type="checkbox"/> <i>Please check if address has changed since last PennHIP evaluation</i>		
Last Name	First Name	
Mailing P.O. Box/Street Address		
City	State	Postal Code
Country (if outside of the U.S.A.)	Telephone	

Dog Information ❖ <i>To ensure accuracy we recommend including a copy of the dog's registration papers</i> ❖		
Registered Name	Call Name	
Breed	Sex <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed	Date of Birth (Month/Day/Year)
Animals listed in the PennHIP open-optional database (see box below) will be designated as to whether they have permanent identification	Tattoo Number	Microchip Number
Registration Number	Sire's Registration Number	Dam's Registration Number
IMPORTANT: Has this dog had hip surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, procedure: _____		
Has THIS dog had a PennHIP radiograph before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, when? _____
OFA Rating (if known): <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Borderline <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Age when OFA rated: _____		

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: _____

<p>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</p>
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SUBMIT THIS PAGE WITH THE RADIOGRAPHS; MAKE A COPY TO RETAIN IN YOUR CLINIC'S RECORDS.

Submit radiographs to **PennHIP Analysis Center, 20 Valley Stream Pkwy, Suite 267, Malvern, PA 19355**