



**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 <b>open-optional database</b> (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
<b>IMPORTANT: Has this dog had hip surgery?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, procedure: _____		
Has <b>THIS</b> dog had a <b>PennHIP</b> 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><b>Authorization to Release My Dog's Hip Scores:</b> PennHIP is establishing an <b>open-optional database</b> 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 <b>PennHIP open-optional database</b>, which will be made available to the public. _____ <b>Initials of Owner</b>    _____ <b>Date</b></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**