

# PawPeds

## Hip Dysplasia Testing for Cat



X0

### To be filled in by the owner

Owner's name Greg and Teena Staples
Address 1014 Snider's Bay Road
Post code/City/State Gravenhurst, Ontario P1P 1R2
Country Canada
Phone (including country code) 1+705-684-9340
Email info@okinaneko.com
Cat's registered name Minoos' Big Deal
Registration number MCO25EMX1-111109
ID number, microchip or tattoo 939000007321904
Breed of cat Maine Coon
Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Born (year-month-day) 2020-03-12
Sire IT*Ludaa's Caesar of Minoos
Dam Minoos' Benjaminna Gunn
I have read PawPeds' instructions for hip dysplasia testing and accept the terms. I am aware that the results and X-rays will be retained for the records of PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release all results from this form. Signature <i>Greg Staples</i>

### Information

All fields must be completed. The form must be signed by the owner.

Send the completed form and X-rays to:  
Universitetsdjursjukhuset UDS  
Att: Elisabeth Ball  
Box 7040  
SE-750 07 Uppsala  
Sweden

Payment for evaluation should be made in advance to PawPeds.  
See  
<http://www.pawpeds.com/healthprogrammes/HDinfoOwner.html> for

### To be filled in by the examiner

Clinic	
Address	
Post code/City/State BEAVERTON CROSSROADS VETERINARY SERVICES	
Country PROFESSIONAL CORPORATION B1380 SIMCOE STREET BEAVERTON, ON L0K 1A0	
Phone (including country code) 607-26-5206	
Examination date (year-month-day) 2021-02-26	
Clinical hip status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Not examined	
Limping/pain <input type="checkbox"/> Left <input type="checkbox"/> Right	Weight 6.4 kg
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No	
Remarks	
I hereby certify that the identity of this cat has been checked against the pedigree. Signature <i>[Signature]</i>	
Examiner's name in block letters ERIN ROBERT, DVM	

### Result

Left side <input type="checkbox"/> Normal <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Right side <input type="checkbox"/> Normal <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Remarks <i>JPEA</i> <i>Digital ID</i>	
Signature <i>[Signature]</i> Elisabeth Ball	Date 3/3-21