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Accredited Breeders Scheme

NZKC

Private Bag 50903, Porirua 5240 Phone: (04) 237-4489; Fax: (04) 237-0721 www.nzkc.org.nz

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Application for Patellar Luxation Database

Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers

			_			
Previous application number (if any):			Registration number: 02818-2016			
RAIDEN FLOWERS N CANDY		Sex: BITCH		BRINDLE		
BULL TERRIER		Date of Birth (dd/mm/yy) 14/02/2016				
ID Number (if any): ☐ Tattoo		Registration number of Sire:	15	Registration number of Dam: 06563–2011		
Owner Name: K JOYCE		Date of current examination (dd/mm/yy)				
Co-owner Name:			Examining veterinarian's name or veterinary hospital: Total Vets Ltd R W W .			
Mailing address: 235 SOUTHFIELD DRIVE			Mailing address: 516 Gloucester St Christchurch 8011			
city LINCOLN	Postcode: 7608	Phone:	City:	Ph: 280-4564 www.totalvets	Postcode:	Phone:
Phone (Mobile): 021 137 9328	email: raidenbullterr	iers@gmail.com	Phone (Mobile):		email: Kırsten e ta	otalvets.
Patellar Examination Results (Signature of owner) Q2-06-17 (Date)						when released. Inich, in some with torsion of the en 30 degrees tibial crest may It that it lies 50
Veterinarian Signature Fees: Fees for data base entry by subm Fees for data base entry by NZKC Payments can be made by cheque, ca	information on th	\$5.00 \$35.00	DID NOT verify ta Date:	(Date/Month/Year)		iis dog
Card Number (Visa or Mastercard)		Name o	on Card		Expir	ry Date