

# HEMIVERTEBRAE THORACIC & LUMBAR SCREENING FORM

**Dr Mariano Makara**

PO Box 634  
Lane Cove NSW 1595  
Tel 0416 051 002  
E-mail hipscoreing.makara@gmail.com

Owners must include payment  
Hips and Spine \$110.00  
Note that fees include GST

**X-rays required for grading: a lateral and a ventro-dorsal of the thoracic and lumbar spine (two X-ray plates)**

Please print all details using black ink and ensure ALL forms are filled out

KC Registered Name \_\_\_\_\_ ANKC Reg No. \_\_\_\_\_

Microchip No. \_\_\_\_\_ **MICROCHIP NUMBER MUST BE DISPLAYED ON X-RAY**

Breed \_\_\_\_\_ Sex M F DOB \_\_\_\_\_ Date X-Rayed \_\_\_\_\_

<b>Sire</b>	<b>PGS</b>
	<b>PGD</b>
<b>Dam</b>	<b>MGS</b>
	<b>MGD</b>

Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Nos. M \_\_\_\_\_ H \_\_\_\_\_ E-mail \_\_\_\_\_

*I declare that*

- (a) *These particulars relate to the dog x-rayed*
- (b) *I give consent for the result to be submitted for statistical analysis*

Owner's signature \_\_\_\_\_ Date \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_ Signature \_\_\_\_\_

Practice Address \_\_\_\_\_

Telephone No ( ) \_\_\_\_\_ Practice Email \_\_\_\_\_

## SPINE FROM 1<sup>ST</sup> THORACIC TO 7<sup>TH</sup> LUMBAR

T1	T2	T3	T4	T5	T6	T7	T8	T9	T10	T11	T12	T13	L1	L2	L3	L4	L5	L6	L7

- Grade 1      Partially wedged vertebra
- Grade 2      Fully wedged vertebra
- Grade 3      Double wedged (butterfly) vertebra

**Score** \_\_\_\_\_

Signed \_\_\_\_\_  
Dr M Makara

Date \_\_\_\_\_