

**BRITISH VETERINARY ASSOCIATION/KENNEL CLUB HIP DYSPLASIA SCHEME**

To: British Veterinary Association  
Mansfield Street, London W1G 9NQ  
Telephone: 020 7908 6380

18-180528

THE ORIGINAL OF THIS  
CERTIFICATE IS GREEN

**Section A - TO BE COMPLETED BY OWNER/AGENT**

KC Registered Number **AU0905503**

KC Registered Name **AULIS ENIKELI AMMI**  
Breed **FINNISH LAPPHUND** Sex **BITCH** Date of birth **10.1.06.12017**  
Name of owner **DAVID K. MATTHESON** Address **1B HORSBURGH AVENUE**  
**KILSYTH, GLASGOW G65 9BZ**

|                                     |                                      |
|-------------------------------------|--------------------------------------|
| Sire:<br><b>LAPINPOIKA'S BACCUS</b> | Dam:<br><b>DALOMS TENDERLY SISKO</b> |
|-------------------------------------|--------------------------------------|

I hereby declare that (NB: DELETION OF ANY OF THESE ITEMS INVALIDATES THIS CERTIFICATE)

- (a) The particulars above are correct and relate to the dog submitted for radiographic examination
- (b) This dog is a minimum of one year old and has not previously been scored under this Scheme
- (c) I give permission for a copy of the certificate to be sent to the geneticist retained by the breed society or other representative body
- (d) I give permission for the results of the examination to be used at a future date for the purpose of statistical research
- (e) I give permission for the results to be published and included on the relevant KC documents

Owner's/Agent's signature *David Matheson* Date **25.06.2018**

**Section B - TO BE COMPLETED BY SUBMITTING VETERINARY SURGEON**  
(Section A must be completed in full before completing Section B)

Microchip/Tattoo no. **208250000095072** Microchip/Tattoo confirmed

I certify that the radiograph relating to the dog identified above was taken on the following date **25.06.2018** and in conformity with the provisions of the Hip Dysplasia Scheme Procedure Notes

Veterinary surgeon submitting radiograph (BLOCK CAPITALS) **MR DOUGLAS PATERSON**  
Address **APEX VETERINARY CENTRE, 8 WINCHESTER AVENUE, DENNY**  
Post code **FK6 6DE**

Veterinary Surgeon's Signature *D Paterson* F/MRCVS Date **25.06.2018**

Please submit the correct fee for the radiograph to be processed (cheques payable to BVA.) For current fees contact BVA

**Section C - TO BE COMPLETED BY SCRUTINEERS**

**CERTIFICATE OF SCORING**

| HIP JOINT                        | Score Range                  | Right    | Left     |
|----------------------------------|------------------------------|----------|----------|
| Norberg angle                    | 0-6                          | 2        | 0        |
| Subluxation                      | 0-6                          | 3        | 1        |
| Cranial acetabular edge          | 0-6                          | 2        | 2        |
| Dorsal acetabular edge           | 0-6                          |          |          |
| Cranial effective acetabular rim | 0-6                          |          |          |
| Acetabular fossa                 | 0-6                          |          |          |
| Caudal acetabular edge           | 0-5                          |          |          |
| Femoral head/neck exostosis      | 0-6                          |          |          |
| Femoral head recontouring        | 0-6                          |          |          |
| <b>TOTALS</b>                    | (max possible 53 per column) | <b>7</b> | <b>3</b> |

NB The scores represent the opinion of the BVA appointed scrutineers for the radiograph submitted. The lower the score, the less evidence of hip dysplasia present. Please consult the current procedure notes and breed mean score sheet for relevant details (available from BVA)

Total score (max possible 106)  
**04 JUL 2018**

WE HEREBY CERTIFY that the score of the radiograph submitted for the dog identified above was produced using the scoring criteria of the BVA/Kennel Club Hip Dysplasia Scheme

Signed *D Paterson* F/MRCVS Date **04 JUL 2018** Signed *A Barnes* F/MRCVS