



Ontario Veterinary College
Teaching Hospital

Please note that *all* correspondence will be with the clinic that took the x-rays.

OVC Canine Hip and Elbow Certifications
Ontario Veterinary College Teaching Hospital
University of Guelph, 50 Stone Road
Guelph, ON N1G 2W1
PHONE: 519-824-4120, Ext. 54161
FAX: 519-827-1219
rad@uoguelph.ca

SUBMISSION FORM:

Please indicate:

HIP EVALUATION \$60.00
ELBOW EVALUATION \$60.00
HIP & ELBOW EVALUATION (together) \$60.00

VIEWS REQUIRED: For Hips: 1 Ventrodorsal View
For Elbows: 1 Flexed Lateral View of each elbow

PAYMENT MUST BE SUBMITTED WITH RADIOGRAPHS.

Make cheque payable to the University of Guelph.

Submit a photocopy of the Kennel Club Registration Certificate. This reduces the risk of transcription errors and delays in certification.

Type or print legibly. Failure to fully complete, errors with dates or illegible writing will result in delays in processing your request. *Allow 2-4 weeks* for results.

FOR OVC OFFICE USE ONLY

P	I	F
H		
E		
Dr. Nykamp		Dr. Chalmers
Date radiographs taken		
Date radiographs processed		
Results entered on Web		<input type="checkbox"/>

Practice Name:

Practice Address:

Street City Prov / State Country Postal Code / Zip

Practice Phone:

Practice Fax:

Practice Email:

Referring Veterinarian Name:

Please Print:

I certify that the radiograph(s) submitted is(are) of the dog identified below:

Signature of DVM

Date Radiographs Made:

YY MMM DD

No. of radiographs enclosed:

Owner Name:

Owner Address:

Street City Prov / State Country Postal / Zip

Owner Phone:

Owner Fax:

Owner Email:

REGISTERED Name of Dog: Please type or print clearly

Breed:

Sex

Date of Birth:

YY MMM DD

Age:

Tattoo and/or Microchip Number: Circle 1 & include

Registration No. (CKC, AKC, Other – please specify)

For OVC Certification we require the dog to be 18 months of age or over. Radiographs MUST be permanently identified in the film emulsion with:

1. Registered name or number of the dog.
2. Name of veterinary or hospital making the film.
3. Date the radiograph was made.

Failure to do so may result in radiographs being returned, unprocessed.

AUTHORIZATION FOR OVC TO PUBLISH RESULTS ON THE WEB:

I certify that I am the owner of the animal identified above and I authorize the Ontario Veterinary College Teaching Hospital to publish, on its hip and elbow website, the evaluation of the dog described above PROVIDED THE RESULTS ARE NORMAL.

Owner Name (Please Print)

Owner (Signature)

Date (YY/MM/DD)