

THE GERMAN SHEPHERD DOG CLUB OF SA INC

Hip and Elbow Dysplasia Application Form

GSDCA Hip Dysplasia and Elbow Dysplasia Scheme

GSDCA Hip Dysplasia Scheme

At twelve months or older the dog is x-rayed and the plates scored and graded, if the animals hips fall into the normal parameters for breeding the dog is given an 'A' Stamp.

GSDCA Elbow Dysplasia Scheme

This scheme is similar to the hip scheme, again if the elbows fall within normal parameters the dog is given a 'Z' Stamp.

PLEASE NOTE: These schemes are available to members of the German Shepherd Dog Club of SA Inc. **Only.** Breeders may purchase forms for animals which they have bred but do not own. **NON MEMBERS must pay the equivalent of a full years membership, joining fee and the price of the form to acquire a form. Contact the Hon. Secretary.**

Complete this form and contact the State HD & ED Registrar, Mr Robert Evans by telephone on 0418814993 to organise collection of the form.

Registered Name of Dog: Sex:
Registration No: Date of Birth:
Micro Chip Number and/or Tattoo Number

Information for the above will be found on the ANKC pedigree issued by the SACA.

Registered Owner(s):
Address:
City/Suburb/Locality: State: Postcode:
Telephone: Email:

Complete this form and include the following:

- a stamped, self addressed business-sized envelope for return of HD/Elbow Form by mail if required.
- credit card details, cheque or money order made payable to the GSDC of SA Inc, or
- a copy of a GSDC of SA Receipt as proof of payment if paid to the Secretary or Branch Manager.

Fee Schedule: Hips and Elbows \$67.00
 Hips Only \$49.00
 Elbows Only \$32.00

The PINK copy of the form will be returned to you, please send a photocopy of your PINK copy to the 2nd Vice President (Breed Affairs Chairperson) for publication.

CREDIT CARD PAYMENT *Please Note: We cannot accept Diners or American Express*

Credit Card number										Circle appropriate card					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VISA	MASTERCARD	BANKCARD		
Name as shown on Credit Card										Expiry Date		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										CVN (3 digit number of reverse side of credit card)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signature										Amount		\$			