

The Pharaoh Hound Club

Patron : Miss Marjory Williams

Patella Subluxation Testing Form

(Testing only to be carried out on dogs over 12 months of age)

At the request of the owner Mr/Mrs/Miss _____

Address _____

I have today _____ (day) _____ (Month) 20____ (Year) examined the Pharaoh Hound identified to me by the Kennel Club Registration Certificate as:-

NAME: _____

SEX: _____ DOB: _____ KC Reg. No. _____

MICROCHIP NUMBER: _____

DISTINGUISHING MARKS:

White on tip of tail YES/NO

White on toes YES/NO

White 'star' on chest YES/NO

Other (please state) _____

SIRE: _____ KC Reg. No. _____

DAM: _____ KC Reg. No. _____

On clinical examination of both stifles I could palpate medial and lateral ridges of both Distal Femurs. The Patellae were located centrally and could not be luxated from this position in either fully extended or flexed positions.

Nor could I detect any signs of surgery having taken place.

On clinical examination of both stifles I found that I was able to luxate one/both Patellae from their central position

NAME: _____ SIGNATURE: _____

ADDRESS: _____

Completed forms to be returned to the Pharaoh Hound Club:-