

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

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

**16 - 164 106**

**THE ORIGINAL OF THIS  
CERTIFICATE IS GREEN**

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

AKC Registered Number **SR 89303601**

KC Registered Name **Moonlit Acres Majik's Nordic Hero**  
 Breed **Golden Retriever** Sex **Male** Date of birth **06/28/15**  
 Name of owner **Dana Logan** Address **18826 NE 127th Circle  
 Brush Prairie WA 98606**

Sire: **Majik's Zero To Hero** Dam: **Jako's Sweet Temptation**

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 *[Signature]* Date **09/22/16**

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

Microchip/Tattoo no. **956 00000 40 44 002**

Microchip/Tattoo confirmed

I certify that the radiograph relating to the dog identified above was taken on the following date **09/22/16** and in conformity with the provisions of the Hip Dysplasia Scheme Procedure Notes

Veterinary surgeon submitting radiograph (BLOCK CAPITALS) **EMMA HARVEY**

Address **2150 US HWY 12  
 ETHEL WA 98140-4948 98542 USA** Post code **98542**

Veterinary Surgeon's Signature *[Signature]* F/MRCVS Date **09/22/16**

**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        | 2        |
| Subluxation                                | 0-6         | 2        | 2        |
| Cranial acetabular edge                    | 0-6         | 2        | 2        |
| Dorsal acetabular edge                     | 0-6         | 0        | 0        |
| Cranial effective acetabular rim           | 0-6         | 1        | 1        |
| 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>7</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)

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 Date **19 JAN 2017**

Signed *[Signature]* F/MRCVS Signed *[Signature]* F/MRCVS **01/09**

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

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

*16 - 164106*

**THE ORIGINAL OF THIS  
CERTIFICATE IS GOLD**

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

*AKC* KC Registered Number 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| S | R | 8 | 9 | 3 | 0 | 3 | 6 | 0 | 1 |
|---|---|---|---|---|---|---|---|---|---|

KC Registered Name *Moonlit Acres Majik's Nordic Hero*

Breed *Golden Retriever* Sex *Male* Date of birth *06/28/15*

Name of owner *Dana Logan* Address *18826 NE 127th Cir  
Brush Prairie WA  
98606*

|                                      |  |
|--------------------------------------|--|
| Sire:<br><i>Majik's Zero To Hero</i> | Dam:<br><i>Jako's Sweet Temptation</i> |
|--------------------------------------|--|

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 graded 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 *[Signature]* Date *9/22/16*

**Section B - TO BE COMPLETED BY SUBMITTING VETERINARY SURGEON**

(Section A must be completed in full before completing Section B)

Microchip/Tattoo no. 

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9 | 5 | 6 | 0 | 0 | 0 | 0 | 4 | 0 | 4 | 4 | 0 | 0 | 2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

 Microchip/Tattoo confirmed

I certify that the radiographs relating to the dog identified above were taken on the following date *09/22/16* and in conformity with the provisions of the Elbow Dysplasia Scheme Procedure Notes

Veterinary surgeon submitting radiographs (BLOCK CAPITALS) *EMMA HARVEY*

Address *2150 US HWY 12*

*ETHEL, WA, USA* Post code *98542*

Veterinary Surgeon's Signature *[Signature]* F/MRCVS Date *9/22/16*

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

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

**CERTIFICATE OF GRADING**

|                             |              |             |
|-----------------------------|--------------|-------------|
|                             | <b>RIGHT</b> | <b>LEFT</b> |
| <b>GRADE</b><br>(range 0-3) | <i>0</i>     | <i>0</i>    |

**OVERALL GRADE**  
(max possible 3)

|          |
|----------|
| <i>0</i> |
|----------|

**NB** The grades are based on a flexed lateral and neutral lateral view of each elbow and represent the opinion of the BVA appointed scrutineers for the radiographs submitted. The lower the grade, the less evidence of elbow dysplasia present. The overall grade given for both elbows is that given to the elbow with the highest grade. Please consult the current procedure notes for relevant details (available from BVA)

WE HEREBY CERTIFY that the grade of the radiographs submitted for the dog identified above was produced using the grading criteria of the BVA/Kennel Club Elbow Dysplasia Scheme Date *19 JAN 2017*

Signed *[Signature]* F/MRCVS Signed *[Signature]* F/MRCVS 01/09