Olney-Sandy Spring Veterinary Hospital

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PennHip Submission Form

FOR HOSPITAL USE ONLY

Member Name: _____

Radiograph Date (MM/DD/YYYY): _____ Patient Weight: _____ Patient ID:_____

Clinical Signs: ☐ Yes ☐ No ☐ Not Evaluated Restraint Drugs: _____

Severity: ☐ Mild ☐ Moderate ☐ Severe (See Chapter 7 in Manual)

Comments: _____

Boxes highlighted in red or marked with an asterisk are required

OWNER INFORMATION

Last Name: _____ First Name: _____

Mailing P.O. Box/Street Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Phone Number: _____

PATIENT INFORMATION

Registered Name: _____ Patient Name: _____

Breed: _____ Gender: _____ Date of Birth (MM/DD/YYYY): _____

Tattoo Number: _____ Microchip Number: _____

Registration Number: _____ Sire Registration Number: _____

Dam Registration Number: _____

Registry/Kennel Club: _____

* IMPORTANT: Has this dog had hip surgery? ◯ Yes ◯ No ◯ Unknown

* Has THIS dog had a PennHip radiograph before? ◯ Yes ◯ No ◯ Unknown If YES, when? (MM/YYYY): _____

* Has this dog suffered hip trauma? ◯ Yes ◯ No ◯ Unknown Comments: _____

_____