

Körung – Röntgenprotokoll / Licensing – X-ray protocol



interne ID-Nr.
internal ID-no.

Eigentümer: Owner:	Lebensnummer/UELN: Life number/UELN:	
Name: Name:	Geboren: Date of birth:	Farbe: Color:
Vater: Sire:	Muttervater: Dam sire:	

Röntgenuntersuchung / X-ray examination

Hersteller der Aufnahmen / X- ray producer: _____ Datum / Date: _____

(o.b.B. = ohne besonderen Befund; R = Risiko, without s.f. = without specific findings)

VL Oxspring u. Fesselgelenk 0° (LF navicular /fetlock d-p)	_____	o.b.B. <input type="checkbox"/> without s.f. <input type="checkbox"/>
VR Oxspring u. Fesselgelenk 0° (RF navicular /fetlock d-p)	_____	o.b.B. <input type="checkbox"/> without s.f. <input type="checkbox"/>
VL Zehe 90° (LF toe and pastern lat-med)	_____	o.b.B. <input type="checkbox"/> without s.f. <input type="checkbox"/>
VL Fesselgelenk 90° (LF fetlock lat-med)	_____	o.b.B. <input type="checkbox"/> without s.f. <input type="checkbox"/>
VR Zehe 90° (RF toe and pastern lat-med)	_____	o.b.B. <input type="checkbox"/> without s.f. <input type="checkbox"/>
VR Fesselgelenk 90° (RF fetlock lat-med)	_____	o.b.B. <input type="checkbox"/> without s.f. <input type="checkbox"/>
HL Zehe 90° (LH toe, pastern and fetlock lat-med)	_____	o.b.B. <input type="checkbox"/> without s.f. <input type="checkbox"/>
HR Zehe 90° (LH toe, pastern and fetlock lat-med)	_____	o.b.B. <input type="checkbox"/> without s.f. <input type="checkbox"/>
L Sprgg. 0° / 70° / 115° (L hock)	_____	o.b.B. <input type="checkbox"/> without s.f. <input type="checkbox"/>
R Sprgg. 0° / 70° / 115° (R hock)	_____	o.b.B. <input type="checkbox"/> without s.f. <input type="checkbox"/>
L Knie 90-115° (L stifle lat-med)	_____	o.b.B. <input type="checkbox"/> without s.f. <input type="checkbox"/>
L Knie 180° (L stifle caudo-cranial)	_____	o.b.B. <input type="checkbox"/> without s.f. <input type="checkbox"/>
R Knie 90-115° (R stifle lat-med)	_____	o.b.B. <input type="checkbox"/> without s.f. <input type="checkbox"/>
R Knie 180° (R stifle caudo-cranial)	_____	o.b.B. <input type="checkbox"/> without s.f. <input type="checkbox"/>

Körempfehlung ja / nein
Auktionsempfehlung ja / nein

X-ray recommendation for licensing yes / no
Auction recommendation yes / no

_____ (Unterschrift Fachtierarzt / Signature veterinary specialist)