

The Boston Terrier Club of Scotland

PATELLA LUXATION SCORING REPORT

To be completed by a qualified Veterinary Surgeon.

Dog's Kennel Club Registered Name.....

Kennel Club Registration Number.....

Breed.....
.....

Pet Name..... **Sex** **Date of Birth**.....

Tattoo or Microchip Number (if applicable).....

Kennel Club Registered Owners Name.....

KC Registered Address.....
.....
.....

Post Code **Telephone Number**.....

I confirm that I have completed this form with information taken directly from the dog's Kennel Club Registration Document.

The above dog was scored for Patella Luxation using the Putnam '68 scoring system.

The stifle joints have been manipulated, and were found to be..... (Stable/unstable/other?)

There is/ is not evidence of abnormality within the stifle joint/trochlea groove.*

The dog's movement would be described as normal/abnormal and sound/unsound.*

Any other relevant observations
.....
.....

SCORE: Left __ (range 0-4) **Right** __ (range 0-4)

Vet's Name.....

Signature..... **Date**.....

Address of Veterinary Practice.....
.....
.....
.....

Telephone..... (Please make sure the vet stamps this)