



1620-22 Parkway,
Solent Business Park
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Patella Luxation Testing Form

Registered name of Dog -
KC Registration Number
Microchip No

Date of Birth
Sex
Colour -
Microchip No -
Owner's name -

Address -

melville House
NEW RD
ASCOT
SL5 8QH

Signed 

Date 17-8-18

Veterinary Surgeon's Declaration

I confirm that the dog submitted for examination is the one described above.
At the time of examination I was unable to detect any evidence of surgical interference/intervention in either stifle. The Dog is over 12 months old.

Weight of Dog _____ Normal/Overweight/Underweight

The above dog was checked for patella luxation using the Putnam 1968 scoring system as detailed overleaf.

Score: LEFT _____ (Range 0 - 4) RIGHT _____ (Range 0 - 4)

Any relevant comments

Vets Name _____

Signature _____ Date _____