

Surgery
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Urgent Care



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PennHIP Evaluation

Please complete the following information in order for Dr. Jehn to be able to submit your Penn Hip evaluation.

Owner Information:

Owner name: _____

Mailing address: _____

City/St/Zip: _____

Telephone #: _____

Patient Information: (All information is required prior to radiographs being performed.)

Registered name: _____

Patient call name: _____

Breed: _____ Gender: _____

Date of birth: _____

Tattoo number: _____ Microchip number: _____
(if applicable)

Registration number: _____

Registry/Kennel Club: _____

Sire registration number: _____

Dam registration number: _____

Patient History:

Has this dog had hip surgery? Yes No Unknown

Has this dog had a PennHip radiograph before? Yes No Unknown

Has this dog suffered hip trauma? Yes No Unknown