

Surgery
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Urgent Care



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1615 Mahan Center Blvd. Tallahassee, FL 32308

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Phone (850)597-9764 After Hours (850)509-4253

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: _____ (must be at least 16 weeks old)

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

Registration and Microchip documentation should either be faxed prior to the date of the visit or dropped off at the same time as the dog. Certifications CANNOT be done without the required documentation.