

GSSCC/SV A-Stamp Program Instructions



Thank you for your participation in the GSSCC A-Stamp Program to evaluation hips and elbows. These evaluations commit to the future improvement of the health of the German Shepherd Dog.

Please select a veterinarian from the [list of veterinarians](#) on the GSSCC website. These vets have passed a certification course that ensures that their x-rays will meet the standards of the SV and be accepted.

There are currently four evaluations available.

1. **Hip Evaluation** – this is an evaluation for Hip Dysplasia. This is a required evaluation by the SV for breeding dogs and dogs competing at international competitions. Dogs must be sedated for this x-ray.
2. **LUW** – Transitional vertebrae – this is an evaluation of the transitional vertebra of the spine. It can be done from the same x-ray as the hip x-ray. It is not currently required, but is easy to add.
3. **Elbow Evaluation** – this is an evaluation for Elbow Dysplasia. This is a required evaluation by the SV for breeding dogs and dogs competing at international competitions.
4. **OCD** – Evaluation for Osteochondritis Dissecans. This is a genetic, degenerative condition. This is NOT a required evaluation. It does require an additional x-ray. Talk to your vet about adding this x-ray if you want this done.

You will need to print and take the following documents to the veterinarian.

The “Vet Letter” - a separate attachment to your email. Complete the letter, sign it, and have your vet sign it.

The forms:

HD – Hip Dysplasia. Complete this form. The form is highlighted where you need to fill in the boxes and sign. If you are also having the LUW (Transitional Vertebrae) evaluation done, please check the box at the top right. There is an additional fee for the LUW evaluation, but no additional x-rays are required.

ED – Elbow Dysplasia. This is two pages. The form is highlighted where you need to fill in the boxes and where you and your vet sign.

OCD – Osteochondritis dissecans evaluation, IF you are having this done. This requires additional x-rays. Please let your veterinarian know that you want this done beforehand. The form is highlighted where you need to fill in the boxes and where you and your vet sign.

Take your printed documents and your dog's original registration papers and pedigree to your vet appointment. For CKC and AKC registered dogs, these are two separate documents. You may need to order the pedigree portion online from the CKC. They are turning them around fairly quickly these days, but allow 2-3 weeks for delivery.

Checklist

- Dog's Registration – Original
- Dog's Pedigree – Original
- Vet Letter
- HD form

ED form

OCD form (if doing)

Your veterinarian will upload the dog's x-rays to the online portal and you pay for their service.

Mail the completed vet letter and forms and your dog's original registration and pedigree to me:

Attention: Dwyn Tomlinson
2040 Ellesmere Road, Building 18,
Toronto, Ontario. Canada. M1H - 3B6.

Send payment for your evaluations to the GSSCC:

e-transfer to gssccxr2020sv@gmail.com

or call me if you prefer to use a credit card. (416) 822 3945

Evaluation	Price	Total
HD Eval	\$170.00	
Add LUW Eval to HD	\$15.00 (optional)	
ED Eval	\$135.00	
OCD Eval	\$90.00 (optional)	
		\$

***New Rates Effective Mar 1, 2023**

I courier packages to the SV, usually sending a batch instead of sending them individually. If you want to know the timing of the next package to ship, feel free to email me: dwyntomlinson@gmail.com.

Once the SV receives the paperwork, they generally take about 2-3 weeks to process the documents. Results will then come back to us, and will also be available on the [SV Database Online](#), but you need an SV membership to see the results. The SV takes approximately another 4 weeks to return the documents to me, and I need generally another week to return the documents to their owners.

If you have any questions, please don't hesitate to contact me.



Dwyn Tomlinson
Director, GSSCC

Additional Information

Proper positioning of hips/elbows is essential

The SV WILL REJECT if the x-rays are not to their specifications.

Program Requirements and instructions for veterinarians

- Dogs MUST be sedated during hip x-rays only.
- Only German Shepherd Dogs may apply for this program
- On the day the x-rays are taken, the dog must be **12 months of age or older**.
- Only German Shepherd Dogs with registrations papers/pedigree recognized by the SV office can participate. That means either SV registration papers or a pedigree that was issued in a foreign country by an organization that is a member of the FCI (CKC, AKC etc...)
- All German Shepherd Dogs x-rayed for this program must be visibly tattooed or microchipped. This identification MUST correspond to their registration papers.
- The attached HD and ED evaluation forms must be completed by the veterinarian.
- All original documents submitted for this program will be returned to the owner.

The following information must be exposed on the identification plate of the x-ray

- Complete registered name of the dog as it appears on the registration
- Registration Number (referred to as Breedbook number on the forms)
- Date of Birth
- Date x-ray was taken
- Name of current owner
- Name of veterinarian and address of clinic/hospital

Evaluation sheet SV HD examination

May only be used for **German Shepherd Dogs!**

Evaluation transitional vertebra (LÜW) yes no

Name of dog: _____

Stamp of vet

Sex: male female Bb No.: _____
(registration number)

Tattoo /chip no.: _____ DOB: _____

Owner's address or billing address:

Name/First name: _____

Address: _____

Date of x-ray: _____ Membernr.: _____

I confirm the data of the beforenamed dog and I understand and agree that, with taking part in the payable SV-HD/LÜW processing, the made x-ray becomes property of SV. I confirm the identity of the dog as well as that no surgery of the hip joints and/or of the transitional vertebra/sacral bone has been made.

Lack in position or quality:

		low-grade
Asymmetric	<input type="checkbox"/>	<input type="checkbox"/>
Limbs not stretched sufficiently	<input type="checkbox"/>	<input type="checkbox"/>
Limbs not turned sufficiently	<input type="checkbox"/>	<input type="checkbox"/>
Limbs turned too strong	<input type="checkbox"/>	<input type="checkbox"/>
Limbs not parallel enough	<input type="checkbox"/>	<input type="checkbox"/>
Blurred	<input type="checkbox"/>	<input type="checkbox"/>
Lacking contrast	<input type="checkbox"/>	<input type="checkbox"/>
Front part of the pelvis is missing	<input type="checkbox"/>	<input type="checkbox"/>
Faulty development	<input type="checkbox"/>	<input type="checkbox"/>

Date _____ Owner's signature _____

Pelvis socket:

				low-grade
Overall impression	deep	<input type="checkbox"/>	plain	<input type="checkbox"/>
Cranial contour of socket	linear	<input type="checkbox"/>	subchondral. sclerosis	<input type="checkbox"/>
Cranio-lateral frame of socket	roundly decreasing	<input type="checkbox"/>	flattened	<input type="checkbox"/>
			with deposits	<input type="checkbox"/>

Femoral head:

Overall impression	globular	<input type="checkbox"/>	too small	<input type="checkbox"/>
			Formation of collar	<input type="checkbox"/>
			Deformation	<input type="checkbox"/>

Crooked limbs

Position of head in socket:

deep	<input type="checkbox"/>	loose	<input type="checkbox"/>
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Femoral neck:

slender	<input type="checkbox"/>	cylindric	<input type="checkbox"/>
deposited from head	<input type="checkbox"/>	blurred	<input type="checkbox"/>
sharply contoured	<input type="checkbox"/>	Apposition	<input type="checkbox"/>
		Morgan line	<input type="checkbox"/>

Joint space:

Limbs stretched	concentric	<input type="checkbox"/>	divergent	<input type="checkbox"/>
Limbs stooped	concentric	<input type="checkbox"/>	divergent	<input type="checkbox"/>

Center of femoral head:

medial of dorsal edge of socket	<input type="checkbox"/>	lateral	<input type="checkbox"/>
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on dors. edge of socket

Measurement of Norberg angle:

angle 105° or more	<input type="checkbox"/>	less than 105°	<input type="checkbox"/>
		less than 100°	<input type="checkbox"/>
		less than 90°	<input type="checkbox"/>

Rating of vet:

No evidence for hip dysplasia	<input type="checkbox"/>
Borderline	<input type="checkbox"/>
Mild hip dysplasia	<input type="checkbox"/>
Moderate hip dysplasia	<input type="checkbox"/>
Severe hip dysplasia	<input type="checkbox"/>

FCI Rating of SV-HD center:

A Normal	<input type="checkbox"/>
B Nearly normal	<input type="checkbox"/>
C Still permitted /moderate HD	<input type="checkbox"/>
D Moderate HD	<input type="checkbox"/>
E Severe HD	<input type="checkbox"/>

Rating of /LÜW (L7 : S1)

No transitional vertebra	<input type="checkbox"/>
LÜW Typ 1	<input type="checkbox"/>
LÜW Typ 2	<input type="checkbox"/>
LÜW Typ 3	<input type="checkbox"/>

This is to confirm that the tattoo/microchip/breed book number have been compared with the pedigree from the signee **personally**, the x-rays have been marked clearly, an x-ray note has been made into the pedigree and the dog has been narcotized sufficiently for an adequate relaxation of the muscles. The right of ownership over the HD/LÜW x-rays is resigned from.

Signature _____

Date _____

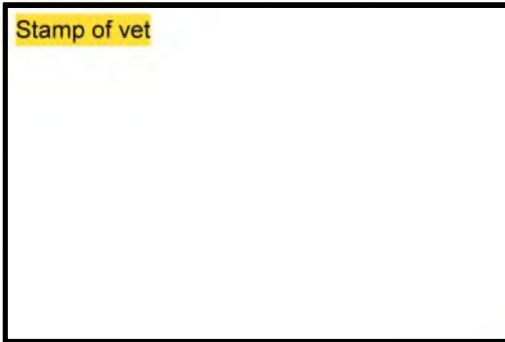
Signature _____

Evaluation sheet SV-ED examination

May only be used for **German Shepherd Dogs!**

Nachdruck verboten

Stamp of vet



Owner's address or billing address:

Name/First name

Address

Membership number

Date of x-ray: Number:

Sex male female

Name of dog with kennel name

Breed book number (Registration Number)

Tattoo/Chip number DOB

This is to confirm that the tattoo/microchip/breed book number have been compared with the pedigree from the signee **personally**, the x-rays have been marked clearly, an x-ray not has been made into the pedigree and the dog has been narcotized sufficiently for an adequate relaxation of the muscles. The right of ownership over the ED x-rays is resigned from.

Date

Signature vet

I confirm the data of the beforenamed dog and I understand and agree that, with taking part in the payable SV-ED processing, the made x-ray becomes property of SV. I confirm the identity of the dog as well as that no surgery of the elbow joints has been made.

Date

Signature owner

Remarks vet:

Rating of vet:

- No evidence for elbow dysplasia Borderline Mild elbow dysplasia
 Severe elbow dysplasia Moderate elbow dysplasia

Rating of ED center /FCI:

- normal/ED 0 moderate ED/ED 2 OCD Coronoid disease incomplete IPA
 nearly normal severe ED/ED 3 FCP Arthrosis grade
 still permitted /ED 1 IPA level

ED rating refused because of:

- Lack in positioning Lack in quality

Remarks:

Additional ratings:

Date

Stamp

Signature evaluator

1. Blatt: SV-HG (Original)
2. Blatt: HD/ED Tierarzt/Tierärztin
3. + 4. Blatt: Gutachter/in

Befundbogen zur OC (D)-Röntgenuntersuchung des SV

Darf nur für **Deutsche Schäferhunde** verwendet werden!

Vet Stamp

Stempel des/der Tierarztes/Tierärztin

Eigentümer/in bzw. Rechnungsanschrift:

Name/Vorname
Name
Anschrift
Address

Mitgliedsnummer

Datum Röntg.Aufn.:

Nummer:

Date of X-rays

Geschlecht

Rüde
Male

Hündin
Female

Name des Hundes mit Zwingername

Dog's full name

ZB-Nummer

Registration Number

Tätowier-/Chip-Nummer

Tattoo/Microchip number

Wurftag

Date of Birth

Hiermit wird bestätigt, dass die Tätowier-, Chip- und Zuchtbuchnummer vom/von der Unterzeichnenden selbst mit der Ahnentafel verglichen, die Röntgenaufnahme eindeutig gekennzeichnet ist. Auf die Eigentumsrechte an den OC (D) -Aufnahmen wird verzichtet.

Datum *Date*

Unterschrift Tierarzt/Tierärztin

Vet Signature

Ich bestätige die Angaben des vorgenannten Hundes und nehme zustimmend zur Kenntnis, dass mit der Teilnahme am kostenpflichtigen SV-OC (D)-Verfahren die angefertigte Röntgenaufnahme in das Eigentum des SV übergeht. Ich bestätige die Identität des Hundes und dass an diesem bis zum Zeitpunkt des Röntgens keine Operationen an der Lendenwirbelsäule/Kreuzbein vorgenommen wurden.

Datum *Date*

Unterschrift Eigentümer/in

Owner Signature

Bemerkungen TA: _____

Beurteilung auf Osteochondrose-OC (L7 : S1)

- Kein Hinweis auf OC
- Hinweis auf OC
- Stufe L7:S1

Beurteilung abgelehnt wegen:

- mangelhafte Lagerung
- mangelhafte Qualität

Bemerkungen: _____

Zusätzliche Befunde: _____

Datum

Stempel

Unterschrift Gutachter/in