



**X-RAY REFERRAL FORM**

**DOG'S DATA**

Name	
Breed	
Date of birth	
Sex	
Microchip number	
Kennel Club Register :	

**OWNER'S DATA**

Name and Surname:	
Address:	
P.C	City:
Province:	Country:
Telephone number:	NIF O ID CARD:

The undersigned, Mr./Mrs. D. \_\_\_\_\_, certifies that the above data correspond to the animal he owns and authorises the Club to make public the results issued by the Committee. He/She also authorises that the results of the reading may be used for scientific studies for the purpose of improving the breed.

Signed:.....

**VETERINARIAN:**

Name and Surname:	
Registration number:	
Veterinary Centre:	TAX code number:
E-mail:	Telephone number:
Address:	
P.C	City :
Province:	Country:
Date of the X- RAY:	

The undersigned, Mr./ Mrs. \_\_\_\_\_ hereby certifies that the attached X-ray corresponds to the animal he/she described above.

Signed:.....

**CERTIFICATION OF:**

HIP DYSPLASIA (according to FCI rules)
ELBOW DYSPLASIA (according to FCI rules)
SPONDYLOARTHRISIS:
OCD:



**SELECT THE CERTIFICATE LANGUAGE**

- SPANISH
- ENGLISH

\* After the issuance of the certificate, the request for a copy will be subject to a €10 administration fee.

**TAX DATA FOR INVOICING/ fiscal data for invoicing**

- Veterinarian
- Owner:
- Others: TAX Name/TAX ID:.....TAX code number:.....
- TAX Address:.....

In compliance with the provisions of current legislation on personal data protection, Law 3/2018 of 5 December on the Protection of Personal Data and guarantee of digital rights (LOPDGDD), European Regulation 2016/679 (GDPR), all personal data provided by you will be subject to automated and non-automated processing in a FILE owned by AMVAC whose purpose is the assessment of the radiographs of dysplasia submitted in order to draw up the relevant certificate proceeding to file them. Your data will only be transferred to the veterinary professionals necessary for the study and preparation of the report. In any other case for the transfer to third parties it will be necessary that you have previously given your consent or that such transfer is covered by a Law. All the data requested are necessary to fulfil the purpose of the processing. The person responsible for the file is AMVAC with address: C/ Maestro Ripoll 8, 28006 Madrid, CIF G78926235.

Interested parties may withdraw their consent at any time, as well as exercise their rights of access, rectification, portability and deletion of the data and the limitation or opposition to its processing before the File Manager, at the address indicated above, attaching a photocopy of their National Identity Card to their request, or by e-mail to: [amvac@amvac.es](mailto:amvac@amvac.es)