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APPL _____

RAD _____

CK _____



Orthopedic Foundation for Animals

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Phone: (573) 442-0418; Fax: (573)875-5073

www.offa.org

A Not-For-Profit Organization

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Application for Congenital Cardiac Database

Registered name: <u>Hillmeadow Benedictos</u>			Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC		Other registry name: <u>MDBA</u>	
Breed: <u>Cobberdog</u>			Date of Birth (month-day-year): <u>08 25 2017</u>		Other registry #: <u>22148</u>	
Sex: _____			Registration number of sire: _____		Registration number of dam: _____	
ID Number (if any): <input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip			Examining veterinarian's name or veterinary hospital: <u>Heartland Veterinary</u>			
<u>939 000 001 617 081</u>			Date of Evaluation (mm/dd/yy): <u>08/23/18</u>			
Owner name: <u>Lauren Sikkema</u>			Mailing address: <u>7294 Wellington Rd 11</u>		City: <u>Drayton</u>	
Co-Owner name: _____			State: <u>ON</u>		Zip/postal code: <u>NOG 1P0</u>	
Mailing address: <u>8055 Concession 6</u>			City: <u>Drayton</u>		State: <u>ON</u>	
City: <u>Moorefield</u>			State: <u>ON</u>		Zip/postal code: <u>NOG 1P0</u>	
Phone: <u>226 678 1116</u>			E-mail: _____		Phone: <u>519 638 3391</u>	
E-mail: _____			E-mail: _____		E-mail: _____	

I hereby certify that the animal examined is the animal described on this application. I understand that all normal results will be released to the public.

Signature of owner or authorized representative _____

<p>Authorization to Release Abnormal Results</p> <p><input type="checkbox"/> I hereby authorize the OFA to release the abnormal results of the animal described on this application to the public.</p> <p style="text-align: right;">INITIAL → <input style="width: 50px; height: 20px;" type="text"/></p>	<p>Authorization to Collect Statistical Data</p> <p><input type="checkbox"/> I hereby authorize the examining veterinarian to submit the results of the animal described on this application for statistical purposes. The results may be shared with the ACVIM or canine health researchers, but will not be disclosed to the general public.</p> <p style="text-align: right;">INITIAL → <input style="width: 50px; height: 20px;" type="text"/></p>
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Veterinary Instructions

Clinical findings based on cardiac auscultation is required. (see page 2)

- Auscultation is within normal limits. Additional diagnostic studies not indicated.
- Auscultation reveals a soft (grade 1 or grade 2) murmur at rest.
- Auscultation reveals a moderate to loud heart murmur.
- Auscultation was performed after exercise and revealed:
 - Normal heart sounds without a cardiac murmur.
 - A soft (grade 1 or grade 2) murmur.

Describe any cardiac murmurs:

Timings: systolic diastolic continuous

Point of maximal intensity:

Mitral valve area Aortic or subaortic area

Pulmonary valve area Tricuspid valve area

Other location:

Radiation or other characteristics: _____

Echocardiography if indicated (see page 2):

- Echocardiography with Doppler was performed and the results were within limits of normal.
- Echocardiography with Doppler was performed and the results were equivocal: mild congenital heart disease cannot be conclusively diagnosed nor excluded based on this study.
- Echocardiography with Doppler was performed and the results were indicative of congenital heart disease.

Describe any abnormal echocardiographic or Doppler findings, including transvalvular or other pertinent velocities in m/sec.

pulse/continuous wave left apical/subcostal

Summary evaluation and opinion of the examiner:

- Normal cardiovascular examination—congenital heart disease is not evident
- Equivocal cardiovascular examination—congenital heart disease cannot be diagnosed nor excluded; status uncertain for breeding.
- Abnormal cardiovascular examination indicative of congenital heart disease; indicate diagnosis below: _____

I certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination.

I DID verify tattoo/microchip on this dog I DID NOT verify tattoo/microchip on this dog

Dr. Mary Walker 7647 Dr. Mary Walker Aug 23, 2018

Veterinarian Signature Specialty: Practitioner, Specialist, Cardiologist Date

Fees Animals Over 12 Months..... \$15.00
Litter of 3 or more submitted together \$30.00

Kennel Rate—Individuals submitted as a group, owned/co-owned by same person.
Minimum of 5 individuals \$7.50 per study

Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

Payments can be made by check, money order, (U.S. funds drawn on a U.S. bank) cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.

_____ Visa/Master Card Number _____ Name on Card _____ Exp Date _____ CVV (security code) _____