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 RAD _____
 CK _____



Orthopedic Foundation for Animals
 2300 E Nifong Blvd, Columbia, MO 65201-3806
 Phone: (573) 442-0418; Fax: (573) 875-5073
 www.offa.org
 A Not-For-Profit Organization

Office Use Only

Application for Congenital Cardiac Database

Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers

Previous application number (if any):		Registration number: <input checked="" type="checkbox"/> AKC <input type="checkbox"/> CKC		Other registry name:	
		SR 39372901		Other registry #:	
Registered name: Nipntuck TBig Leaguer		Sex: male		Color: chocolate	
Breed: Labrador		Date of Birth (month-day-year): 11/26/06			
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip		Registration number of sire:		Registration number of dam:	
Avid 057 369 333				SR108 255/01	
Owner name: Rebecca Jack		Co-Owner name:		Examining veterinarian's name or veterinary hospital: William Rausch DACVim (Cardiology)	
Mailing address: 15010-1684th AV NE		Mailing Address: PO Box 1072			
City: Woodinville	State: WA	Zip/postal code: 98072	City: Clackamas	State: OR	Zip/postal code: 97015
Phone: 425-483-8993	E-mail: NipntuckLR@aol.com	Phone: 425		E-mail:	

I hereby certify that the animal examined is the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release abnormal results to the public.
 Signature of owner or authorized representative Rebecca Jack

Authorization to Release Abnormal Results

I hereby authorize the OFA to release the results of its evaluation of the animal described on this application to the public if the results are abnormal
RS (initials of registered owner).

Veterinary Instructions
Clinical findings based on cardiac auscultation is required.
 (see accompanying procedures information for details):
 Auscultation is within normal limits. Additional diagnostic studies are 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 accompanying procedures information for details):
 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.
William Rausch 18-November 2007
 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
 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) _____
 Affected Animals and Resubmits at No Charge