

Office Use Only  
APPL \_\_\_\_\_  
RAD \_\_\_\_\_  
CK \_\_\_\_\_



# Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

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

[www.ofa.org](http://www.ofa.org)

A Not-For-Profit Organization

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## 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	
Registered name: <b>NipnTuck T3 Big Leaguer</b>			Sex: <b>Male</b>	Other registry #: <b>chocolate</b>
Breed: <b>Labrador</b>			Date of Birth (month-day-year): <b>11/26/06</b>	
ID Number (if any): <b>Avid 057 369 333</b>		<input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip	Registration number of sire:	Registration number of dam: <b>SR 108 255/01</b>
Owner name: <b>Rebecca Jack</b>		Co-Owner name:	Examining veterinarian's name or veterinary hospital: <b>William Rausch DACVIM (Cardiology)</b>	
Mailing address: <b>15010 - 168th AV NE</b>			Mailing Address: <b>Po Box 1072</b>	
City: <b>Woodinville</b>	State: <b>WA</b>	Zip/postal code: <b>98072</b>	City: <b>Clackamas</b>	State: <b>OR</b> Zip/postal code: <b>97015</b>
Phone: <b>425-483-8993</b>	E-mail: <b>NipnTuckLR@aol.com</b>	Phone: <b>425</b>	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  
(initials of registered owner). RJ

### 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.

18-November 2007

Veterinarian Signature **W.M. T. B.** Specialty:  Practitioner,  Specialist,  Cardiologist Date **18-November 2007**

**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*