

Office Use Only

APPL _____

RAD _____

CK _____



Orthopedic Foundation for Animals

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www.offa.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 SR489770/01		Other registry name:	
Registered name: Nipntuck Stocking Stuffer		Sex: male		Other registry #:	
Breed: Labrador		Date of Birth (month-day-year): 12-16-07		Color: black	
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip		Registration number of sire:		Registration number of dam: BSNR65791/02	
Owner name: Rebecca Jack		Co-Owner name:		Examining veterinarian's name or veterinary hospital: Richard D. Kienle, DVM, DACVIM (Cardiology)	
Mailing address: 15010 - 168th AV NE		Mailing Address: P.O. Box 1499			
City: Woodinville	State: WA	Zip/postal code: 98072	City: Gilroy	State: CA	Zip/postal code: 95020
Phone: 425 483-8993	E-mail: NipntuckLR@aol.com	Phone: (408) 842-2899	E-mail: rdkienle@garlic.com		

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 _____

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).

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.

Veterinarian Signature: _____ Specialty: Practitioner, Specialist, Cardiologist Date: **3/14/07**

- 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