

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.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 type="checkbox"/> AKC <input checked="" type="checkbox"/> CKC		Other registry name:	
		UC217919		Other registry #:	
Registered name: JEWELCROFT'S CEO		Sex: MALE		Color: BLENHEIM	
Breed: CAVALIER KING CHARLES SPANIEL		Date of Birth (month-day-year): 02/22/2008			
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 952000000310532		Registration number of sire: RS045869		Registration number of dam: PG937000	
Owner name: BRIAN GRAY		Co-Owner name:		Examining veterinarian's name or veterinary hospital: GRAHAM ANIMAL HOSPITAL / DR. S. MINORS	
Mailing address: 93 FOREST HILL ROAD		Mailing Address: BOX 250, 98A TRAFALGAR ROAD			
City: TORONTO		State: ONTARIO		Zip/postal code: M4V 2L6	
City: HILLSBURGH		State: ONTARIO		Zip/postal code: N0B 1Z0	
Phone: 416 556 6006		E-mail: bgray@sothebysrealty.ca		Phone: 519 855 6439	
		E-mail:		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 _____

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 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

Veterinarian Signature: *[Signature]* Specialty: Practitioner, Specialist, Cardiologist

OCTOBER 5, 2014

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