

Office Use Only
 APPL _____
 RAD _____
 CK _____



Orthopedic Foundation for Animals

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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: | |
| | | SR51531602 | | Other registry #: | |
| Registered name: | | Sex: | | Color: | |
| Riorock's Whiskey N' Honey | | Female | | Yellow | |
| Breed: | | Date of Birth (month-day-year): | | | |
| Labrador Retriever | | 07/24/2008 | | | |
| ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip | | Registration number of sire: | | Registration number of dam: | |
| 081 060 348 | | SR17584003 | | SR44437301 | |
| Owner name: | | Co-Owner name: | | Examining veterinarian's name or veterinary hospital: | |
| Heather Horn | | Lana Horn | | NMVSR | |
| Mailing address: | | Mailing Address: | | | |
| 10112 W US Hwy 160 | | 2 N Charmisa Dr Suite L | | | |
| City: | State: | Zip/postal code: | City: | State: | Zip/postal code: |
| Del Norte | CO | 81132 | Santa Fe | NM | 87508 |
| Phone: | E-mail: | Phone: | E-mail: | | |
| 719-657-2094 | riorocklabradors@aol.com | 505-466-6045 | | | |

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 _____

Specialty: Practitioner, Specialist, Cardiologist

Date 11.25.08

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) _____

2/17/08

Affected Animals and Resubmits at No Charge

Naomi Buttrick MS (ASCP) sonographer