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

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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: ☒ AKC ☐ CKC SR10026503	Other registry name: Other registry #:
Registered name: Blue Knights Highlander Rebel		Sex: Male	Color: Cafe C..
Breed: LABRADOR RETRIEVER		Date of Birth (month-day-year): 7-10-2003	
ID Number (if any): ☐ Tattoo ☐ Microchip		Registration number of sire: SN37332102	Registration number of dam: SN71981509
Owner name: GARY PLOTKIN	Co-Owner name: NANCY PLOTKIN	Examining veterinarian's name or veterinary hospital:	
Mailing address: [redacted]		Mailing Address:	
City: Los Angeles	State: CALIF	Zip/postal code: 90077	City: DESERT DUNES ANIMAL HOSPITAL 42-430 WASHINGTON ST BERMUDA DUNES, CA 92201
Phone: [redacted]	E-mail: GPLOTKIN@PRWLAW.COM	Phone:	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 Specialty: ☒ Practitioner, ☐ Specialist, ☐ Cardiologist Date 5-13-08

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) _____

Affected Animals and Residents at No Charge

2/17/08