

Office Use Only

APPL _____

RAD _____

CK _____



Orthopedic Foundation for Animals

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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

Registered name: Keepsake's Life of the Party			Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC		Other registry name: Gana	
Breed: Goldendoodle			Sex: Male		Date of Birth (month-day-year): 11/19/2016	
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 956000005641865			Registration number of sire: GANA-009894		Registration number of dam: GANA-009206	
Owner name: Robin Knox		Co-Owner name: Heather Knox		Examining veterinarian's name or veterinary hospital: Fulton Animal Hospital		Date of Evaluation (mm/dd/yy): 12/18/2017
Mailing address: 3327 Grenfall Rd			Mailing Address: 812 Cherry St E			
City: Norton		State: OH		Zip/postal code: 44203		
City: Canal Fulton		State: OH		Zip/postal code: 44614		
Phone: 3306208305		E-mail: keepsakedoodles@gmail.com		Phone: 3308542666		E-mail:

I hereby certify that the animal examined is the animal described on this application. I understand that all normal results will be released to the public.

Signature of owner or authorized representative _____

Authorization to Release Abnormal Results	Authorization to Collect Statistical Data
<input type="checkbox"/> I hereby authorize the OFA to release the abnormal results of the animal described on this application to the public.	<input type="checkbox"/> I hereby authorize the examining veterinarian to submit the results of the animal described on this application for statistical purposes. The results may be shared with the ACVIM or canine health researchers, but will not be disclosed to the general public.
INITIAL <input type="text"/>	INITIAL <input type="text"/>

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

12/18/2017
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

Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

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, Statistical Data Submission and Resubmissions at No Charge