

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

Office
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Application for Congenital Cardiac Database

Registered name:

Farmer Doodle's Winston

Registration number: ☐ AKC ☐ CKC

Other registry name:

Breed:

Goldendoodle

Sex:

M

Date of Birth (month-day-year):

6-16-2014

Other registry #:

ID Number (if any):

☐ Tattoo

☒ Microchip

Registration number of sire:

Registration number of dam:

011362103

Owner name:

April Cliber

Co-Owner name:

Carrie Loveday

Examining veterinarian's name or veterinary hospital:

Dr. Cliber

Date of Evaluation (mm/dd/yy):

2-9-2015

Mailing address:

12220 Hill Rd

Mailing Address:

7485 South State Rd PO Box 65

City:

Goodrich

State:

MI

Zip/postal code:

48438

City:

Goodrich

State:

MI

Zip/postal code:

48438

Phone:

8106101004

E-mail:

cliberdoodle@yahoo.com

Phone:

810 636 7387

E-mail:

apcliber@gmail.com

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

☐ I hereby authorize the OFA to release the abnormal results of the animal described on this application to the public.

INITIAL

Authorization to Collect Statistical Data

☐ 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

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

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