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### Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

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www.ofa.org

A Not-For-Profit Organization

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## Application for Congenital Cardiac Database

|                                                  |                                                                    |                                                                                                                |                                                        |
|--------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Registered name:<br><b>Shady Grove Carmelita</b> |                                                                    | Registration number: <input checked="" type="checkbox"/> ARC <input type="checkbox"/> CBE<br><b>NP57453506</b> | Other registry name:<br>_____                          |
| Breed:<br><b>French bulldog</b>                  |                                                                    | Date of Birth (month-day-year):<br><b>10-30-19</b>                                                             | Other registry #:<br>_____                             |
| Sex:<br><b>Female</b>                            |                                                                    | Registration number of sire:<br><b>NP49780105 09-19</b>                                                        | Registration number of dam:<br><b>NP46538401 04-19</b> |
| ID Number (if any):<br><b>991003000649179</b>    | Tattoo <input type="checkbox"/> Microchip <input type="checkbox"/> | Examining veterinarian's name or veterinary hospital:<br><b>East Holmes Veterinary</b>                         |                                                        |
| Owner name:<br><b>Shady Grove Acres</b>          | Co-Owner name:<br>_____                                            | Date of Evaluation (mm/dd/yy):<br><b>2-10-21</b>                                                               |                                                        |
| Mailing address:<br><b>4318 TR 369</b>           |                                                                    | Mailing Address:<br><b>5503 CR 120 PO Box 286</b>                                                              |                                                        |
| City:<br><b>Millersburg</b>                      | State:<br><b>OHIO</b>                                              | Dig/postal code:<br><b>44654</b>                                                                               | City:<br><b>Berlin</b>                                 |
| State:<br><b>OHIO</b>                            | Dig/postal code:<br><b>44610</b>                                   | City:<br><b>Berlin</b>                                                                                         | State:<br><b>OHIO</b>                                  |
| Phone:<br><b>330-275-2434</b>                    | E-mail:<br>_____                                                   | Phone:<br><b>330-893-2057</b>                                                                                  | E-mail:<br>_____                                       |

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: **Jacob Moyer**

| 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 ACVM or canine health researchers, but will not be disclosed to the general public. |
| INITIAL                                                                                                                                        | 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:

Timing:  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 Date: **2-10-21**

**Fees** Animals Over 12 Months ..... \$15.00 **Kennel Rate**—Individuals submitted as a group, owned/co-owned by same person.  
 Litter of 3 or more submitted together ..... \$30.00 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) \_\_\_\_\_