

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 type="checkbox"/> AKC <input type="checkbox"/> CKC		Other registry name:	
Registered name: <i>Diggy (ATLASTCATS DIGGY)</i>		Sex: <i>M</i>		Other registry #:	
Breed: <i>Maine Coon</i>		Date of Birth (month-day-year):		Color: <i>Black Smoke</i>	
ID Number (if any): <input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip		Registration number of sire:		Registration number of dam:	
Owner name: <i>Marie Harriman</i>		Co-Owner name:		Examining veterinarian's name or veterinary hospital: <i>Adam Kane</i>	
Mailing address: <i>169 Clinton Road</i>		Mailing Address: <i>1480 South County Trail</i>			
City: <i>Antrim</i>	State: <i>NH</i>	Zip/postal code: <i>03440</i>	City: <i>East Greenwich</i>	State: <i>RI</i>	Zip/postal code: <i>02818</i>
Phone: <i>(603) 588-2403</i>	E-mail: <i>atlastcats@gmail.com</i>	Phone: <i>(401) 886-6787</i>		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

*Adam M. Kane* *4/11/18*  
 Veterinarian Signature Specialty:  Practitioner,  Specialist,  Cardiologist Date

**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  
 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 Resubmits at No Charge