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 RAD _____
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Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3856

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) _____
 Registered name OCTOBER'S LIGHT UP MY LIFE
 Breed BERNESE MTN. DOG

ID number (if any)* Tattoo Microchip
 Owner name SHARON C. SMITH
 Mailing address 127 GREEN POINT RD.
CATSKILL NY 12414
 City State/province Zip/postal code
 Phone 518-943-6643 E-mail sharon@OCTOBERBERNESE.COM

Registration number WS174816509 AKC CKC Other
 Sex FEMALE Color BLK, RUST, WHITE
 Date of birth (month-day-year) 04/17/06
 Registration number of sire WS11860301 Registration number of dam WR04046602
 Veterinarian's name or veterinary hospital DR TOPAL, MTN VIEW
 Mailing address RT89
HUDSON NY
 City State/province Zip/postal code
 Phone 518-473-8228 Email 1672

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

Cardiac auscultation
 (see accompanying procedures information for details):
 Auscultation is within normal limits. Additional diagnostic studies are 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 accompanying procedures information for details):
 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.
 Veterinarian Signature Ann C. Wey DVM DACVIM (C) Specialty: Practitioner, Specialist, Cardiologist Date 8/11/07

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. ban cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.