

Office Use Only

 APPL _____
 RAD _____
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Orthopedic Foundation for Animals

 2300 E Nifong Blvd, Columbia, MO 65201
 Phone (573) 442-0418; Fax (573) 875-5073
 www.ofa.org

A Not-for-Profit Organization

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Application for Basic Cardiac Database

Registered name:		AKC registration number:		Other registry name:	
Breed:		Sex:		Date of birth (MM/DD/YY):	
Microchip/tattoo:		Registration number of sire:		Registration number of dam:	
Owner name:		Co-Owner name:		Examining veterinary/clinic:	
Mailing address:		Mailing address:		Date of evaluation (MM/DD/YY):	
City:		State:		Zip/postal code:	
Phone:		E-mail:		Phone:	
				E-mail:	

I hereby certify that the animal examined is the animal described on this application. I understand that by submitting these results to the OFA, if the animal was 12 months or older at the time of the exam, the results will be released to the public. Exams on animals under 12 months of age are considered preliminary, are not eligible for OFA certification numbers, and the results will not be released to the public.

Signature of owner or authorized representative _____

Veterinary Exam Results

Clinical findings based on cardiac auscultation is required. (see page 2)

AUSCULTATION (REQUIRED)						
Normal <input type="checkbox"/>		Abnormal <input type="checkbox"/>		Arrhythmia <input type="checkbox"/>		
Murmur Grade:	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>	VI <input type="checkbox"/>
PMI:	Left <input type="checkbox"/>	Right <input type="checkbox"/>	Base <input type="checkbox"/>	Apex <input type="checkbox"/>		
Timing:	Systolic <input type="checkbox"/>	Diastolic <input type="checkbox"/>	Continuous <input type="checkbox"/>			
Extra Sounds:	Click <input type="checkbox"/>	Gallop <input type="checkbox"/>	Split S1 <input type="checkbox"/>	Split S2 <input type="checkbox"/>		

Summary evaluation and opinion of the examiner:

- ☐ Normal cardiovascular examination—heart disease is not evident
☐ Equivocal cardiovascular examination—heart disease cannot be diagnosed nor excluded; status uncertain for breeding.
☐ Abnormal cardiovascular examination indicative of heart disease; indicate suspected diagnosis below:

<input type="checkbox"/> I certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination. <input type="checkbox"/> I DID verify microchip/tattoo on this dog <input type="checkbox"/> I DID NOT verify microchip/tattoo on this dog	
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 Veterinarian Signature _____ Check one box: ☐ 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

Payments can be made by Visa, Mastercard, check or money order (U.S. funds drawn on a U.S. bank) payable to the Orthopedic Foundation for Animals.

Card number _____ Cardholder name _____ Exp date MM/YY _____ CVV _____