

Office Use Only

APPL \_\_\_\_\_

RAD \_\_\_\_\_

CK \_\_\_\_\_



# 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

Office  
Use  
Only

## Application for Basic Cardiac Database

Registered name: <b>Symphony of Time</b>		AKC registration number:		Other registry name:	
Breed: Cavalier King Charles Spaniel		Sex: <b>F</b>		Date of birth (MM/DD/YY): <b>12-01-2021</b>	
Microchip/tattn: 		Registration number of sire:		Registration number of dam:	
Owner name:		Co-Owner name:		Examining veterinary/clinic: Animal Care Center of Weeki Wachee	
Mailing address:		Mailing address: 7068 Commercial Way		Date of evaluation (MM/DD/YY): <b>03-11-22</b>	
City:	State:	Zip/postal code:	City:	State:	Zip/postal code:
			Weeki Wachee	FL	34613
Phone:		E-mail:		Phone:	
				352-596-2100	
				E-mail: accoww7068@gmail.com	

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 checked="" 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:

I certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination.

☒ I DID verify microchip/tattoo on this dog

☐ I DID NOT verify microchip/tattoo on this dog

Veterinarian Signature

Check one box:

☒ Practitioner☐ Specialist☐ Cardiologist

Date

**03-11-2022**

#### 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

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