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Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201
 Phone (573) 442-0418; Fax (573) 875-5073
 email: ofa@ofa.org | website: www.ofa.org
 A Not-for-Profit Organization

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 v010122

Application for Basic Cardiac Database

Registered name: BEX RED GIRL OWYN "OWYN"		AKC registration number: SS26026509	Other registry name: Other registry #:	
Breed: GOLDEN RETRIEVER	Sex: F	Date of birth (MM/DD/YY): 03/27/2021		
Microchip/tattoo: 985113007190416		Registration number of sire: SS12001702	Registration number of dam: SS16158401	
Owner name: REBECCA TUCKER	Co-Owner name: DAVID TUCKER	Examining veterinary clinic: ALL PETS MEDICAL CENTER		Date of evaluation (MM/DD/YY): 08/08/2023
Mailing address: 12220 N 2090 RD		Mailing address: 1300 EAST TAMARACK RD		
City: SENTINEL	State: OK	Zip/postal code: 73664	City: ALTUS	State: OK
Phone: 580-799-2748	E-mail: tuxgoldens@gmail.com		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 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"/>
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 _____ **Date** 8/8/23

Check one box: Practitioner, Specialist, Cardiologist

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 \$10.00 each

Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

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 _____

Submit thru <https://online.ofa.org>
 Or provide payment details here if mailing or emailing

CASE: 23NW66