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
email: ofa@ofa.org | website: www.ofa.org
A Not-for-Profit Organization

Office Use Only
v010122

Application for Basic Cardiac Database

Registered name: Brookwood Kaic Rose		**AKC registration number:** WS 86453205	**Other registry name:** / **Other registry #:**
Breed: Bernese Mt Dog	**Sex:** F	**Date of birth (MM/DD/YY):** 3/20/25	
Microchip/tattoo: 900263002817387		**Registration number of sire:** WS 78218104	**Registration number of dam:** WS 72011804
Owner name: Jaime D. Conway	**Co-Owner name:**	**Examining veterinary clinic:**	**Date of evaluation (MM/DD/YY):**
Mailing addr 161 Silverford Heights Road		**Mailing address:**	
City: Mount Union	**code:**	**City:** Robert Hamlin	**/postal code:**
Phone: 814-853-8316		**Phon** 614-561-1926, CH01	
jaime_conway21@yahoo.com		rhamlin@qtestlabs.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 Jaime D Conway

Veterinary Exam Results

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

AUSCULTATION (REQUIRED)						
	Normal ☒	Abnormal ☐	Arrhythmia ☐			
Murmur Grade:	I ☐	II ☐	III ☐	IV ☐	V ☐	VI ☐
PMI:	Left ☐	Right ☐	Base ☐	Apex ☐		
Timing:	Systolic ☐	Diastolic ☐	Continuous ☐			
Extra Sounds:	Click ☐	Gallop ☐	Split S1 ☐	Split S2 ☐		

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:

WNL

☐ 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

6-27-26

Veterinarian Signature Check one box: ☐ Practitioner, ☐ Specialist, ☒ Cardiologist Date

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 ..... $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