

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

tion for Commonital Cardiac Database

		ELEVICATE CONTRACTOR C	AXC registration number:	Other registry name:	
Nimh's Wish Upon a Star			RN33015201	Other registry #:	
Rat Terrier		Sex:Male	Date of birth (MM/DD/YY): 10/11/18		
Microchip/tattoo:			Registration number of sire:	Registration number of dam: RN25010301	
Ashley Bond	Co-Owner name:		Examining veterinary clinic: Wythe Coure Vet	Date of evaluation (MM/DD/YY: 9/11/ZO	
Tol2 W. Lee	4	11000000	Mailing address: 4604 Old Stace	re Rd	
	State:	Zip/postal code:	City:	State: Zip/postal code:	
Rural Retreat	A	24368	Cockett	A 24323	
Phone: 276 6202138	E-maik Opto	a lap @ vrogr	276 617-0500		
	the animal described	on this application, I understand	that all normal results will be released to the	public.	
ignature of owner or authorized					
	DESCRIPTION OF THE PERSON OF T		A	o Collect Statistical Data	
Authorization to F	THE RESERVE THE PERSON NAMED IN COLUMN	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NAMED IN C			
of the animal described on this	release the abnor s application to the	e public.	I hereby authorize the examining of the animal described on this appli- results may be shared with the AC	cation for statistical purposes. The VIM or canine health researchers,	
		INITIAL	but will not be disclosed to the g	eneral public.	
Veterinary Instructions Clinical findings based on cardia Auscultation is within normal limit Auscultation reveals a soft (grad Auscultation reveals a moderate Auscultation was performed aft Normal heart sounds withi A soft (grade 1 or grade 2) Describe any cardiac murmurs: Timings: Systolic	es. Additional diagnose 1 or grade 2) mu e to loud heart mu ter exercise and re- out a cardiac murr murmur.	ostic studies not indicated, armur at rest. rmur. vealed: nur. continuous	limits of normal. Echocardiography with Dopp equivocal: mild congenital h nor excluded based on this s Echocardiography with Dopp indicative of congenital heat Describe any abnormal echoc transvalvular or other pertinent pulse/continuous wave Summary evaluation and opin	oler was performed and the results were tidisease ardiographic or Doppler findings, includingles in m/sec. I left apical/subcostal are the examiner:	
☐ Mitral valve area ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	Aortic or subaorti Tricuspid valve ar	ea	 Equivocal cardiovascular examples diagnosed nor excluded; sta 	mination—congenital heart disease canno tus uncertain for breeding.	
- Micion raire area	Tricuspid valve ar	ea	 Equivocal cardiovascular examples diagnosed nor excluded; sta 	mination—congenital heart disease canno tus uncertain for breeding. mination indicative of congenital heart dis	
☐ Mitral valve area ☐ ☐ Pulmonary valve area ☐ ☐ Other location: Radiation or other characteristics ☐ I certify that the standards for ☐ I DID verify microchip/tattoo or	Tricuspid valve ar	on as set forth by the OFA	 Equivocal cardiovascular exa diagnosed nor excluded; sta Abnormal cardiovascular exa 	mination—congenital heart disease cannot us uncertain for breeding. mination indicative of congenital heart disow: g this examination.	
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☐ Mitral valve area ☐☐ Pulmonary valve area ☐☐☐ Other location: Radiation or other characteristics ☐ I certify that the standards for ☐☐ I DID verify microchip/tattood	Tricuspid valve are ics: cardiac examination this dog	on as set forth by the OFA	☐ Equivocal cardiovascular exa diagnosed nor excluded; sta Abnormal cardiovascular exa ease; indicate diagnosis belowere carefully followed in performing	mination indicative of congenital heart dis ow: g this examination.	
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On	ly

Application for Patellar Luxation Database

	2		AKC registration number:	Other registry name:	
Nimh's Wish Upon a Star			RN33015201	Other registry #:	#7-X
Breed:		Sex:	Date of birth (MM/DD/YY):	*	
Rot leme	(Male	10/11/18		
Micrechip/tattoo:			Registration number of sire:	Registration number of	
			RN16696904	KNZ50	10301
wnername:	0		Date of evaluation (MM/DB/FY):		
Hohler	Bond		09/11/20		
o-owner name;			Examining veterinary clinic:	1	
Andrews in the second	Activation in consequence		Wythe Care V	et	
Mailing address:	1 11.5		Mailing address:	DJ	
1012 W	Lee Hwy		4604 Old Stag	je ka	
Rural Re	State:	A Zip/postal code: 24368	Cockett	State: VA	Zip/postal code: 24323
hone:	E-mail:	1 000	Phone:	E-mail:	2 .000
276 620		tchanna @aal.	om 276 617-0500		
nless the initials of a n	egistered owner appear i	the authorization box belo	this application. I understand that only www.which.permits the OFA to release at	bnormal results to the pr	ublic.
ignature of own	er or authorized rep	presentative	KEN		
	A	uthorization to R	elease Abnormal Result	ts	
		of its evaluation of the anim ner or authorized represen	al described on this application to the	public if the results are a	ibnormal
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Patellar Exam . Normal g right . Patellar Luxati bilateral unilateral:	ination Results I left on I right I medial	3.	Classification of luxation Grade 1—The patella easily lustifle joint, but returns to the to Grade 2—There is frequent pobecomes more or less perman Grade 3—The patella is perm	trochlea when release atellar luxation which nent. anently luxated with	ed. , in some cases torsion of the tibic
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