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

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 v010122

Application for Basic Cardiac Database

Registered name: Nimh's Abracadabra Alakazam		AKC registration number: RN31422906	Other registry name: UKC	
Breed: Rat Terrier		Sex: F	Other registry #: B120,098	
Date of birth (MM/DD/YY): 09/14/17		Microchip/tattoo:		
Registration number of sire: RN16696904		Registration number of dam: RN28430801		
Owner name: Ashley Bond	Co-Owner name:	Examining veterinary clinic: Wythe Care Veterinary Service Inc.	Date of evaluation (MM/DD/YY): 05/02/22	
Mailing address: 7612 W. Lee Hwy		Mailing address: 4604 Old Stage Rd		
City: Rural Retreat	State: VA	Zip/postal code: 24368	City: Crockett	State: VA
Phone: 276-620-2138	E-mail: patchpony@aol.com	Phone: 276-617-0500	E-mail: wythecareinfo@gmail.com	Zip/postal code: 24323

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"/>	VI <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: Jim P Seedy Date: 5/2/22

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 _____