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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

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Application for Basic Cardiac Database

Registered name: Nimh's Fear the Keeper		AKC registration number: RN33881204		Other registry name: UKC	
Breed: Rat Terrier		Sex: Male		Date of birth (MM/DD/YY): 7/8/19	
Microchip/tattoo:		Registration number of sire: RN24491609		Registration number of dam: RN28430801	
Owner name: Ashley Bond		Co-Owner name:		Examining veterinary/dinic: Wythe Care Veterinary Service Inc	
Mailing address: 7612 W. Lee Hwy		Mailing address: 4604 Old Stage Rd		Date of evaluation (MM/DD/YY): 07/13/21	
City: Rural Retreat		State: VA		Zip/postal code: 24368	
City: Crockett		State: VA		Zip/postal code: 24323	
Phone: 276 620 2138		E-mail: patchpony@aol.com		Phone: 276-617-0500	
				E-mail: wythecareinfo@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: Date: 7/13/21

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 \$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 _____