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Orthopedic Foundation for Animals
 2300 E Nifong Blvd, Columbia, MO 65201-3806
 Phone: (573) 442-0418; Fax: (573)875-5073
 www.ofa.org
 A Not-For-Profit Organization

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Application for Congenital Cardiac Database

Registered name: Twin River's New Horizon		Registration number: <input checked="" type="checkbox"/> AKC <input type="checkbox"/> CKC SR854558/02	Other registry name:
Breed: LABRADOR Retriever	Sex: F	Date of Birth (month-day-year): 11-5-2014	
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 956 00000422 7210	Registration number of sire: SR 743088/01	Registration number of dam: SR59385703	
Owner name: TONYA SWOAPE	Co-Owner name: SCOTT SWOAPE	Examining veterinarian's name or veterinary hospital: Rebecca Gompf, MS,DVM,DACVIM	Date of Evaluation (mm/dd/yy): 3/12/16
Mailing address: 629 Sparkman town Rd.		Mailing Address: 2407 River Drive	
City: Rock Island	State: TN	Zip/postal code: 38581	City: Knoxville
State: TN	Zip/postal code: 37996	Phone: 931-657-8870	E-mail: Swoapes@blomand.net
E-mail: Swoapes@blomand.net	Phone: 865-974-8387	E-mail:	

I hereby certify that the animal examined is the animal described on this application. I understand that all normal results will be released to the public.

Signature of owner or authorized representative **Tonya Swoape**

Authorization to Release Abnormal Results	Authorization to Collect Statistical Data
<input type="checkbox"/> I hereby authorize the OFA to release the abnormal results of the animal described on this application to the public .	<input type="checkbox"/> I hereby authorize the examining veterinarian to submit the results of the animal described on this application for statistical purposes . The results may be shared with the ACVIM or canine health researchers, but will not be disclosed to the general public .
INITIAL →	INITIAL →

Veterinary Instructions

Clinical findings based on cardiac auscultation is required. (see page 2)
 Auscultation is within normal limits. Additional diagnostic studies not indicated.
 Auscultation reveals a soft (grade 1 or grade 2) murmur at rest.
 Auscultation reveals a moderate to loud heart murmur.
 Auscultation was performed after exercise and revealed:
 Normal heart sounds without a cardiac murmur.
 A soft (grade 1 or grade 2) murmur.

Describe any cardiac murmurs:
 Timings: systolic diastolic continuous
 Point of maximal intensity:
 Mitral valve area Aortic or subaortic area
 Pulmonary valve area Tricuspid valve area
 Other location:
 Radiation or other characteristics: _____

Echocardiography if indicated (see page 2):
 Echocardiography with Doppler was performed and the results were within limits of normal.
 Echocardiography with Doppler was performed and the results were equivocal: mild congenital heart disease cannot be conclusively diagnosed nor excluded based on this study.
 Echocardiography with Doppler was performed and the results were indicative of congenital heart disease.
Describe any abnormal echocardiographic or Doppler findings, including transvalvular or other pertinent velocities in m/sec.
 pulse/continuous wave left apical/subcostal
Summary evaluation and opinion of the examiner:
 Normal cardiovascular examination—congenital heart disease is not evident
 Equivocal cardiovascular examination—congenital heart disease cannot be diagnosed nor excluded; status uncertain for breeding.
 Abnormal cardiovascular examination indicative of congenital heart disease; indicate 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 tattoo/microchip on this dog I DID NOT verify tattoo/microchip on this dog

Rebecca E Gompf, DVM, MS
 Practitioner, Specialist, Cardiologist
 Date: **3/12/16**

Fe OFA Health Clinic Discount
 Clinic Rate: \$7.50
 Club: Nashville KC / Tullahoma KC
 Date: 3/10/16
 Valid on: OFA Eyes/Cardiac/Thyroid/Patella

Ex **Kennel Rate**—Individuals submitted as a group, owned/co-owned by same person.
 Minimum of 5 individuals\$7.50 per study
 ry evaluations and are not eligible for OFA numbers

Pa **own on a U.S. bank cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.**

Visa/Master Card Number _____ Name on Card _____ Exp Date _____ CVV (security code) _____