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 RAD _____
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Orthopedic Foundation for Animals

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www.offa.org

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Application for Congenital Cardiac Database

Registered name: Blueberry Cottage Dreaming of Coffee		Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC	Other registry name: ALAA
Breed: Australian Labradoodle		Sex: M	Other registry #: ALAA-076638
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip	Date of Birth (month-day-year): 01/05/2019		Registration number of sire: ALAA-038619
933000120099643	Registration number of dam: ALAA-060789		Date of Evaluation (mm/dd/yy): 07/25/2019
Owner name: Heather Clark	Co-Owner name:	Examining veterinarian's name or veterinary hospital: Chippewa Veterinary Clinic	
Mailing address: PO Box 84		Mailing Address: 14961 81st Ave	
City: Osseo	State: WI	Zip/postal code: 54758	City: Chippewa Falls
Phone: 715-538-3486	E-mail: heather@blueberrycottagelabradoodles.com	Phone: 715-723-3655	E-mail: chipvet@chippewavet.com

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

Heather Clark

Authorization to Release Abnormal Results	Authorization to Collect Statistical Data
<input checked="" type="checkbox"/> I hereby authorize the OFA to release the abnormal results of the animal described on this application to the public .	<input checked="" 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

Veterinarian Signature _____ Specialty: Practitioner, Specialist, Cardiologist

Date **8/8/19**

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 per study

Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

Payments can be made by check, money order, (U.S. funds drawn 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) _____

Affected Animals, Statistical Data Submission and Resubmissions at No Charge