Office Use Only
APPL _____
RAD _____
CK _____

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.offa.org
A Not-for-Profit Organization

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v010122

Application for Basic Cardiac Database

Registered name:		AKC registration number:	Other registry name:
GCH Tsunami And Pinecliff's At Long Last		TS57154705	Other registry #:
Breed:	**Sex:**	**Date of birth (MM/DD/YY):**	
Chihuahua	Female	10/09/22	
Microchip/tattoo:		**Registration number of sire:**	**Registration number of dam:**
		TS51096303	TS28588801
Owner name:	**Co-Owner name:**		
Lisa Gaertner	Sandra Mantione		
Mailing address:			
84 Vine Ave			
City:	**State:**	**Zip/postal code:**	
W. Milford	NJ	07480	
Phone:	**E-mail:**	**Phone:**	**E-mail:**
973-277-1434	Lisa@PinecliffCockers.com	973-277-1434	

Megan King VMD, Diplomate ACVIM (Cardio)
Veterinary Dentistry Specialists
2061 Briggs Rd. Suite 403
Mount Laurel, NJ 08054
Website: vdsvets.com Phone: (856) 242-9253
Cardiology@vdsvets.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 Lisa Gaertner

Veterinary Exam Results

Clinical findings based on cardiac auscultation is required. (see page 2)

AUSCULTATION (REQUIRED)						
	Normal ☒	Abnormal ☐	Arrhythmia ☐			
Murmur Grade:	I ☐	II ☐	III ☐	IV ☐	V ☐	VI ☐
PMI:	Left ☐	Right ☐	Base ☐	Apex ☐		
Timing:	Systolic ☐	Diastolic ☐	Continuous ☐			
Extra Sounds:	Click ☐	Gallop ☐	Split S1 ☐	Split S2 ☐		

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 (none present)

Megan King DVM DACVIM (Cardio) 12/14/24
Veterinarian Signature Check one box: ☐ Practitioner, ☐ Specialist, ☒ Cardiologist Date

Fees

Animals Over 12 Months	$15.00
Litter of 3 or more submitted together	$30.00

Kennel Rate—Individuals submitted as a group, owned/co-owned by same person.
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 _____