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RAD _____
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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: Pinecliff's You Kind Of Like Me		**AKC registration number:** SS31440205	**Other registry name:** / **Other registry #:**
Breed: Golden Retriever	**Sex:**	**Date of birth (MM/DD/YY):** 11/22/21	
Microchip/tattoo:		**Registration number of sire:** SS14156601	**Registration number of dam:** SS09096505
Owner name: Sandra Mantione	**Co-Owner name:**	**Examining veterinary clinic:** New Brunswick Kennel Club	**Date of evaluation (MM/DD/YY):** 3/24/2023
Mailing address: 84 Vine Ave		**Mailing address:** NJ Convention & Expo Center. 97 Sunfield Rd Edison, NJ	
City: West Milford	**State:** NJ **Zip/postal code:** 07480	**City:** Edison	**State:** NJ **Zip/postal code:** 08837
Phone: 973-271-6987	**E-mail:** Sandymantione@yahoo.com	**Phone:**	**E-mail:**

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 ☑	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

DVM, DACVIM (CARDIOLOGY) 3/24/2023

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 _____