

**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@ofa.org | website: www.ofa.org  
 A Not-for-Profit Organization

**Office Use Only**  
 v010122

# Application for Basic Cardiac Database

Registered name: <b>LYNLEE'S MAGGIE MAGEE</b>		AKC registration number: <b>TS50673701</b>	Other registry name: Other registry #:	
Breed: <b>CAVALIER KING CHARLES</b>	Sex: <b>F</b>	Date of birth (MM/DD/YY): <b>10/19/2020</b>		
Microchip/tattoo: <i>None</i>		Registration number of sire: <b>TS32769304</b>	Registration number of dam: <b>TS37063001</b>	
Owner name: <b>LINDA LEE</b>	Co-Owner name:	Examining veterinary clinic: <b>LOMA LINDA ANIMAL HOSPITAL</b>	Date of evaluation (MM/DD/YY):	
Mailing address: <b>PO BOX 1569</b>		Mailing address: <b>2605 SO WATERMAN AVE , SAN BERNIDINO</b>		
City: <b>CRESTLINE</b>	State: <b>CA</b>	Zip/postal code: <b>92325</b>	City: <b>CA</b>	Zip/postal code: <b>92408</b>
Phone: <b>(909) 338- 6232</b>	E-mail: <b>LLSFURLUV@AOL.COM</b>	Phone: <b>(909) 825-3144</b>	E-mail: <i>drsig@sbcglobal.net</i>	

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"/>
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

*[Signature]*  
**Veterinarian Signature**      Check one box:  Practitioner,  Specialist,  Cardiologist      Date: *9-14-23*

**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 ..... \$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 \_\_\_\_\_  
 Submit thru <https://online.ofa.org> - OR - provide payment details here if mailing or emailing