Lane

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APPL _____
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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.offa.org
A Not-For-Profit Organization

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Application for Congenital Cardiac Database

Registered name: CuCe's Rocky King Louie	Registration number: ☒ AKC ☐ CKC TS49210101	Other registry name: / Other registry #:	
Breed: Cavalier King Charles Spaniel	Sex: Male	Date of Birth (month-day-year): 11/1/2020	
ID Number (if any): ☐ Tattoo ☐ Microchip		Registration number of sire:	Registration number of dam:
Owner name: Jessica Reigstad	Co-Owner name:	Examining veterinarian's name or veterinary hospital: South 71 Vet Clinic	Date of Evaluation (mm/dd/yy): 5/14/26
Mailing address: 220 CR 8 SE		Mailing Address:	
City: Kandiyohi / State: MN / Zip/postal code: 56251		City: Willmar / State: MN / Zip/postal code: 56201	
Phone: 320-979-9168	E-mail: jessie@divinehomecare.com	Phone:	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 _____

Authorization to Release Abnormal Results

☐ I hereby authorize the OFA to **release the abnormal results** of the animal described on this application to the **public**.

INITIAL ☐

Authorization to Collect Statistical Data

☐ 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 ☐

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

Audrey Behrens — 5/14/26

Veterinarian Signature Specialty: ☒ 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 .....$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

4/13/12