

Office Use Only

APPL \_\_\_\_\_

RAD \_\_\_\_\_

CK \_\_\_\_\_

**Accredited Breeders Scheme**

NZKC

Private Bag 50903, Porirua 5240

Phone: (04) 237-4489; Fax: (04) 237-0721

www.nzkc.org.nz

Office  
Use  
Only**Application for Congenital Cardiac Database***Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers*

Previous application number (if any):			Registration number: 00016-2015		
Registered name: Raidern Altered Ego			Sex: Dog	Colour: Brindle	
Breed: Bull Terrier			Date of Birth (dd/mm/yy) 12/11/2014		
ID Number (if any): 900108001592525	<input type="checkbox"/> Tattoo	<input checked="" type="checkbox"/> Microchip	Registration number of Sire: UK(AH03267604		Registration number of Dam: 01557-2012
Owner Name: Louise Scholes Brown			Date of current examination (dd/mm/yy) 8/12/2015		
Co-owner Name:			Examining veterinarian's name or veterinary hospital: Pet Doctors - Howick		
Mailing address: 35 Waterloo Street, Howick			Mailing address: 48 Ridge Road, Howick		
City: Auckland	Postcode: 2014	Phone:	City: Auckland	Postcode:	Phone:
Phone (Mobile): 09 534 4117	email: chrisloue@extra.co.nz		Phone (Mobile): 09 537 1002	email:	

- ☒ I declare that the details of the dog described are accurate and relate to the dogs tested.  
☒ I hereby authorise the release of the test results to the NZKC for publication on this dog's pedigree.  
☒ I give my consent for these results to be used for the purpose of statistical analysis and scientific research and for the statistical analysis and scientific research to be published.

(Signature of owner)

8/12/2015 (Date)

**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.

**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 indicated 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 examination was performed according to the ABS procedure which should accompany this certificate  
☒ I DID verify tattoo/microchip information on this dog ☐ I DID NOT verify tattoo/microchip information on this dog

Veterinarian Signature

Date: (Date/Month/Year)

**Fees:**

Fees for data base entry by submitter .....\$5.00  
 Fees for data base entry by NZKC .....\$35.00

Payments can be made by cheque, cash, bank deposit, Visa or Mastercard, payable to The New Zealand Kennel Club Inc

Card Number (Visa or Mastercard)

Name on Card

Expiry Date

**PLEASE PRINT OUT AND TAKE TO YOUR VETERINARIAN**