

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

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## Application for Congenital Cardiac Database

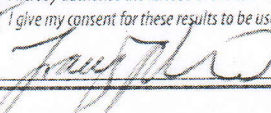
Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers

Previous application number (if any):			Registration number: 00050-2015		
Registered name: CH. ELDIVINO SENORITA NIKITA			Sex: BITCH	Colour: CREAM	
Breed: Chihuahua - Long Coat			Date of Birth (dd/mm/yy) 15.10.14		
ID Number (if any): 953010600 46645			Registration number of Sire:		Registration number of Dam:
Owner Name: TRACEY TONKIN			Date of current examination (dd/mm/yy) 16 MAR 2017		
Co-owner Name:			Examining veterinarian's name or veterinary hospital: DR. K. WYLIE		
Mailing address: PO Box 638			Mailing address: 516 GLOUCESTER ST. CHCH.		
City: RANGIORA	Postcode: 7440	Phone:	City: Christchurch	Postcode: 8011	Phone: 033894504
Phone (Mobile): 0275127399	email: tracey.tonkin@jenniferfallon.com		Phone (Mobile):	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) 16.3.17 (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
- ☐ Pulmonary valve area
- ☐ Other location: \_\_\_\_\_
- ☒ Aortic or subaortic area
- ☒ Tricuspid valve area

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) 16 MAR 2017

#### 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)

Card Number (Visa or Mastercard)

Name on Card

Expiry Date

PLEASE PRINT OUT AND TAKE TO YOUR VETERINARIAN