

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: 00803-2012		
Registered name: CH. ELDIVINO HOCUS POCUS			Sex: MALE	Colour: BLACK TRICOLOR	
Breed: CHIHUAHUA LONG COAT			Date of Birth (dd/mm/yy): 02/12/2011		
ID Number (if any): 900141000015979	<input type="checkbox"/> Tattoo	<input checked="" type="checkbox"/> Microchip	Registration number of Sire: 06599-2009		Registration number of Dam: 05156-2008
Owner Name: SUSAN GALBRAITH			Date of current examination (dd/mm/yy):		
Co-owner Name: TRACY J. PEARCE			Examining veterinarian's name or veterinary hospital: TRAM RD ANIMAL CARE SERVICES		
Mailing address: PO BOX 638			Mailing address: 843 TRAM RD, RD2, KAIAPOI		
City: RANGIORA	Postcode: 7440	Phone:	City: OHTOIKA	Postcode:	Phone: 03326999
Phone (Mobile): 0275127399	email: tracy.tonkin79@gmail.com		Phone (Mobile): 0273459277	email: meredithm843@gmail.com	

- ☒ 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.

Susan Galbraith (Signature of owner)

3/03/18 (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 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 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  
Susan Galbraith Veterinarian Signature 19 Feb 2018 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