

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: 02818-2016		
Registered name: RAIDEN FLOWERS N CANDY			Sex: BITCH	Colour: BRINDLE	
Breed: BULL TERRIER			Date of Birth (dd/mm/yy) 14/02/2016		
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 990000000349793			Registration number of Sire: 00016-2015		Registration number of Dam: 06563-2011
Owner Name: K JOYCE			Date of current examination (dd/mm/yy)		
Co-owner Name:			Examining veterinarian's name or veterinary hospital: DR K WILK		
Mailing address: 235 SOUTHFIELD DRIVE			Mailing address:		
City: LINCOLN	Postcode: 7608	Phone:	City:	Postcode:	Phone:
Phone (Mobile): 021 137 9328	email: raidenbullterriers@gmail.com		Phone (Mobile):	email: Kirsten@totalvets.co.nz	

- ☒ 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.

K. Joyce

(Signature of owner)

22-06-17

(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 ☐ 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

15 JUN 2017

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