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APPL _____

RAD _____

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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: 03079-2011		
Registered name: Raiden Smoking Lily			Sex: B	Colour: Brindle & white	
Breed: Bull Terrier			Date of Birth (dd/mm/yy): 27-02-2011		
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 900088000328072			Registration number of Sire: 2100094296		Registration number of Dam: 04688-2009
Owner Name: Kathryn Joyce			Date of current examination (dd/mm/yy): 05-04-2012		
Co-owner Name: Diane Denson			Examining veterinarian's name or veterinary hospital:		
Mailing address: 235 Southfield Drive			Mailing address: Total Vets Ltd 516 Gloucester St Christchurch 801 Ph: 389 4564		
City: Lincoln	Postcode: 7608	Phone: 3252993	City:	Postcode:	Phone:
Phone (Mobile): 021 137 9328	email: jamo@hug.co.nz		Phone (Mobile):	www.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.

Joyce (Signature of owner) 27-04-2012 (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

M. Carniani, BVSc 05/04/2012
 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

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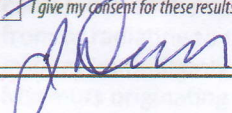
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Breed: Bull Terrier		Date of Birth (dd/mm/yy) 27-2-2011	
ID Number (if any): <input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip	Registration number of Sire: 2100094296		Registration number of Dam: 04688-2009
Owner Name: Kathryn Joyce		Date of current examination (dd/mm/yy) 11-11-13	
Co-owner Name: D Denson J Davis		Examining veterinarian's name or veterinary hospital: Avonhead Vets	
Mailing address: 307 Horndon St		Mailing address: 207 Withells Road Christchurch 8042	
City: Dunfield	Postcode: 7510	Phone: 021760050	City: Christchurch
Phone (Mobile):	email: j.r.davis@eckar.net.nz	Phone (Mobile):	email:

<input checked="" type="checkbox"/> I declare that the details of the dog described are accurate and relate to the dogs tested. <input checked="" type="checkbox"/> I hereby authorise the release of the test results to the NZKC for publication on this dog's pedigree. <input checked="" type="checkbox"/> 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)	11-11-13 (Date)

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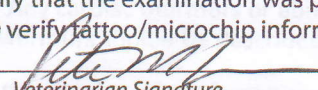
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