

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: 03134-2011		
Registered name: Oasis Storm Raider			Sex: MALE	Colour: Black & Silver	
Breed: Miniature Schnauzer			Date of Birth (dd/mm/yy) 24/02/2011		
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 982000163703500			Registration number of Sire: 05353-2007		Registration number of Dam: 3100181840
Owner Name: Dayle Olding			Date of current examination (dd/mm/yy) 11/05/2018		
Co-owner Name:			Examining veterinarian's name or veterinary hospital: Robert Visser BVSc		
Mailing address: 271B Waghorn Road RD1			Mailing address: 47 Lorne Street		
City Waharoa	Postcode: 3474	Phone: 078896692	City: Morrinsville	Postcode: 3300	Phone: 078890414
Phone (Mobile): 0273597883	email: schnauzinn@gmail.com		Phone (Mobile):	email: jbuisservets@xtra.co	

<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.	
D.M. Olding (Signature of owner)	11/05/2018 (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:

<input checked="" type="checkbox"/> I certify that the examination was performed according to the ABS procedure which should accompany this certificate		<input type="checkbox"/> I DID NOT verify tattoo/microchip information on this dog	
[Signature] Veterinarian Signature		11/5/18 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