

Office Use Only

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: 04042-2014	
Registered name: Eragon Doggos Dream		Sex: Female	Colour: Red/White
Breed: Bull Terrier		Date of Birth (dd/mm/yy) 2-MAY-2014	
ID Number (if any): 953010000014542	<input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip	Registration number of Sire: 0478CV	Registration number of Dam: 03079-2011
Owner Name: Joanne Davis		Date of current examination (dd/mm/yy) 04/04/17	
Co-owner Name:		Examining veterinarian's name or veterinary hospital: D. SIMPSON SHIRLEY VET CENTRE	
Mailing address: 307 Haddon St		Mailing address: 15 MARSHLANDS RD, SHIRLEY	
City: Dunfield	Postcode: 7510	City: CHRISTCHURCH	Postcode: 8640
Phone (Mobile): 021026352	email:	Phone (Mobile):	email: shirleyvet@xtra.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.

[Signature] (Signature of owner) 4-4-17 (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 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

[Signature] Veterinarian Signature 04/04/2017 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