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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: 04652-2009	
Registered name: CH OPOURERE DELTA DAWN AT SHASTA		Sex: B	Colour: Blue fawn
Breed: American Staffordshire Terrier		Date of Birth (dd/mm/yy) 19/03/09	
ID Number (if any): 941 000 003 255 661	<input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip	Registration number of Sire: 09138-2005	Registration number of Dam: 06951-2006
Owner Name: Sonya Bennett		Date of current examination (dd/mm/yy) 27/09/2011	
Co-owner Name:		Examining veterinarian's name or veterinary hospital: NICHOLAS PALLIN BVSc.	
Mailing address: 3 Bann Street, Island Bay		Mailing address: 8 BROOKLYN RD,	
City: Wellington	Postcode: 6023	Phone: 9389553	City: WGTN
Phone (Mobile): 0274262337	email:	Phone (Mobile): 043850303	email:

- ☒ 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.

S. Bennett

(Signature of owner)

(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:

Central Vet Hospital Ltd.

8 Brooklyn Road

Wellington

- ☒ 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

Email: info@cenvet.co.nz

Veterinarian Signature

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:

NORMAL CARDIOVASCULAR EXAM

Date: 10/10/2011

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