

Office Use Only

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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: AL01850104	
Registered name: Napier's Candy Man (imp UK)		Sex: D	Colour: White with marking
Breed: Bull Terrier		Date of Birth (dd/mm/yy) 04/10/2009	
ID Number (if any): 978101080435353	<input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip	Registration number of Sire: 2006CU	Registration number of Dam: AE03704501
Owner Name: Kathryn Joyce		Date of current examination (dd/mm/yy) 30/07/2012	
Co-owner Name: Diane Denson		Examining veterinarian's name or veterinary hospital: Anita Breyholtz, Darfield Vet Centre	
Mailing address: 235 Southfield Drive		Mailing address: P.O. Box 9	
City: Lincoln	Postcode: 7608	City: Darfield	Postcode: 7510
Phone (Mobile): 021 137 9328	email: jamo@ihug.co.nz	Phone (Mobile):	email: frontdesk@darfieldvet.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)

10-09-2012 (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

Anita Breyholtz  
Veterinarian Signature

24/08/12  
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