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Orthopedic Foundation for Animals
2300 E Nifong Blvd, Columbia, MO 65201
Phone (573) 442-0418; Fax (573) 875-5073
email: ofa@offa.org | website: www.ofa.org
A Not-for-Profit Organization

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v010122

Application for Basic Cardiac Database

Registered name:	HAMMANA AT TANAN MANAGAMAN MANAGAMAN ANA ANA ANA	, , , , , , , , , , , , , , , , , , ,	**************************************	AKC registration num		Other regis	try name:
MOONLIT ACRI	S DANIEL	'S SNOW WH	IITE "LUNA MD"	SS20086	0002	Other regis	try#:
Breed:			Sex:	Date of birth (MM/DI			
GOLDEN RE	IHIEVER		F	06/19/20	20		
Microchip/tattoo:				Registration number		-	n number of dam:
95600001262	8119			SR75595	5502	SR9	3098904
Owner name:		Co-Owner name:		Examining veterinary	dinic		Date of evaluation (MM/DD/YY):
DANA LOGAI	J			NEWBERG	VETERINARY	HOSPITAL	01/15/2022
Hailing address:		, , , , , , , , , , , , , , , , , , , ,		Mailing address:			19 - 111 - 1
98686				3716 E P	ORTLAND	RD	
City:		State:	Zip/postal code:	City:		State:	Zip/postał code:
VANCOUVER		WA	98686	NEWBER	RG	OR	97132
hone:		E-mail:		Phone:		Е-гвай:	
360-980-1926		DANA@DAI	NALOGAN.COM	(503) 538	3-8303	ASHLE	Y@NEWBERGVET.COM
/eterinary Exam linical findings base		uscultation is requ	nired. (see page 2) AUSCULTATIO	ON (REQUIE	∃D)		
	met Ammier (CC), and all distributed by the distributed by the above of the angle o	N\			Partie and a service of the section		
	Murmur (Normal X	Abnormal i		ıythmia □ V □	VI 🗆	A STATE OF THE STA
	PMI:	Left 🗆	Right 1		Apex 🗆	VI L	
<u> </u>	Timing:	Systolic	Diastolic l		ntinuous 🗆		
-	-	nds: Click 🗆	Gallop l		Split S2	·	***************************************
	EXtra Sour	ids: Cick LJ	Gallop i	>b((2)다	Spill SZ LJ		***************************************
Nori Equ D Abn	nal cardiovascu ivocal cardiovas ormal cardiovas	cular examination- scular examination	ieart disease is not evide heart disease cannot b indicative of heart disea	e diagnosed nor o se; indicate suspe	cted diagnosis belo	OW:	rding.
I certify that the star I DID verify microel Veterinarian Signat	fp/tattoo on thi	3 deg 🗅	et forth by the OFA were I DID NOT verify micro Practitioner, 3 Sp	chip/tattoo on th	-	examination.	15/22 Date
Litter of 3 xams on animals under 12	.	tted together re considered prelimi	\$15.00 \$30.00 nary evaluations and are n ney order (U.S. funds dra	Minimum of ot eligible for OFA n	5 individuals . numbers		(co-owned by same person. \$10.00 ea and ation for Animals.
ard number	JSVX	ter a stronger fuelte unterhalder for und hard under the	Cardholder name		Exp date	e MM/YY	CW

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Application for Basic Cardiac Database

SWANAVLY ANASTASIA GRACE "ANNASTASIA" Seed: GOLDEN RETRIEVER Breed: GOLDEN RESIDENCE Breed: G	SWANAVLY ANASTASIA GRACE "ANNASTASIA" See: Date of being before the problem of the common of the c	Registered name:	***************************************			AKC registration num	ıber:	Other regis	stry name: KSS
Sex Deter birth (MM/DD/TY):	Serie Serie Serie Double Deliver F Double Deliver Double Deliver Deliver Series Deliver Se	-	ASTASIA	A GRACE "A	NNASTASIA"			1	
Registration number of dans: Registration number of dans: Begistration number of dans: JR 85042 ZR JR 808010000119295 JR 803979 ZR JR 85042 ZR	Microshiptation: Begintation: enable of direct Begintation: manber of dianc. Begintation: manber of dianc. Begintation: manber of dianc. Begintation: manber of dianc. JR 83979 ZR			/		Date of birth (MM/DD)/YY):	<u></u>	0111003032
JR 83979 ZR	Date of evaluation and opinion of the examination—heart disease is not evident Date of control that the standards for cardiac examination—heart disease cannot be disgnosed nor excluded: status uncertain for breeding.	GOLDEN RETR	IEVER			1	=		
Date of evaluation (MM/DD/Y): Date of evaluation (MM/DD/Y): DANA LOGAN NEWBERG VETERINARY HOSPITAL 01/15/2022	Date of evaluation (BM/ND/DANA LOGAN Date of evaluations (BM/ND/DANA LOGAN DANA LOGAN DA	Microchip/tattoo:				Registration number	of size:	Registratio	on number of dam:
NEWBERG VETERINARY HOSPITAL 01/15/2022 Mailing address: 98686 3716 E PORTLAND RD Ity: VANCOUVER WA 98686 NEWBERG OR 97132 Phone: Email: 96086 DANA@DANALOGAN.COM (503) 538-8303 ASHLEY@NEWBERGVET.COI sereby certify that the animal examined is the animal described on this application. I understand that by submitting these results to the OFA, if the animal was 12 months or older at the time of the exists will be released to the public. Exams on animals under 12 months of age are considered preliminary, are not eligible for OFA certification numbers, and the results will not be released to the ignature of owner or authorized representative Veterinary Exam Results	NEWBERG VETERINARY HOSPITAL 01/15/2022 Nation powders: Natio	6880100001192	95			JR 83979	9 ZR	JR 85042 ZR	
Mailing address: 98686 3716 E PORTLAND RD 1ty: VANCOUVER WA 98686 NEWBERG OR 97132 Phone: Email: Phone: Email: Phone: Email: Phone: Frequired described on this application. I understand that by submitting these results to the OFA, if the animal was 12 months or older at the time of the results will be released to the public. Exams on animals under 12 months of age are considered preliminary, are not eligible for OFA certification numbers, and the results will not be released to the ignature of owner or authorized representative AUSCULTATION (REQUIRED)	Nating address: Making address: 3716 E PORTLAND RD Gtp: State: Implementations Implementations State: Implementations Implementa			Co-Owner name:	**************************************	Examining veterinary	dink:		Date of evaluation (MM/DD/YY)
3716 E PORTLAND RD Tap/postal code: VANCOUVER WA 98686 NEWBERG OR 97132 Phone: Femail: 360-980-1926 DANA@DANALOGAN.COM (503) 538-8303 ASHLEY@NEWBERGVET.COM The present of the public. Exams in animal described on this application. I understand that by submitting these results to the OFA, if the animal was 12 months or older at the time of the results will be released to the public. Exams on animals under 12 months of age are considered preliminary, are not eligible for OFA certification numbers, and the results will not be released to the impact of owner or authorized representative AUSCULTATION (REQUIRED)	State Tap-postal code: Other State Tap-postal code: Other State Tap-postal code: Other State Tap-postal code: Other Other State Tap-postal code: Other	DANA LOGAN				NEWBERG	VETERINAR	Y HOSPITAL	01/15/2022
AUSCULTATION (REQUIRED) Normal Abnormal Arrhythmia Murmur Grade:	NANCOUVER WA 98686 NEWBERG OR 97132 Final: Phone: Final: Phone: Final: Phone: Final: Final: Phone: Final: Phone: Final: Final: Phone: Final: Phone: Final: Final: Phone: Final: Final: Final: Phone: Final:	lailing address:				Mailing address:			of a control of the c
WANCOUVER WA 98686 NEWBERG OR 97132 Phone: E-mail: Phone: E-mail:	VANCOUVER WA 98686 NEWBERG OR 97132 Phone: Femali: Femali: Femali: Femali: 1500-980-1926 DANA@DANALOGAN.COM (503) 538-8303 ASHLEY@NEWBERGVET.C. Rereby certify that the animal examined is the animal described on this application. Lunderstand that by submitting these results to the 07A, if the animal was 12 months or older at the time or results will be released to the public. Issums on animals under 12 months of age are considered preliminary, are not eligible for 07A certification numbers, and the results will not be released to ignature of owner or authorized representative AUSCULTATION (REQUIRED)	98686				3716 E P	ORTLAN	O RD	
hone: E-mail: Phone: E-mail:	Place: Email: Place: Fmail: Place:	ity:		State:	Zip/postal code:	City:		State:	Zip/postal code:
DANA@DANALOGAN.COM (503) 538-8303 ASHLEY@NEWBERGVET.COM reper certify that the animal examined is the animal described on this application. I understand that by submitting these results to the OFA, if the animal was 12 months or older at the time of the results will be released to the public. Exams on animals under 12 months of age are considered preliminary, are not eligible for OFA certification numbers, and the results will not be released to the ignature of owner or authorized representative AUSCULTATION (REQUIRED)	ASCULTATION (REQUIRED) Normal Murmur Grade:	VANCOUVER		WA	98686	NEWBER	₹G	OR	97132
Pretery certify that the animal examined is the animal described on this application. I understand that by submitting these results to the OFA, if the animal was 12 months or older at the time of the results will be released to the public. Exams on animals under 12 months of age are considered preliminary, are not eligible for OFA certification numbers, and the results will not be released to the gnature of owner or authorized representative AUSCULTATION (REQUIRED)	rety certify that the animal examined is the animal described on this application. Lunderstand that by submitting these results to the QIA, if the animal was 12 months or older at the time or results will be released to the public. Exams on animals under 12 months of age are considered preliminary, are not eligible for QIA certification numbers, and the results will not be released to greature of owner or authorized representative Ceterinary Exam Results	ione:		E-mail:		Phone:		E-mail:	
Peterinary Exam Results	Reterinary Exam Results	360-980-1926		DANA@DA	VALOGAN.COM	(503) 538	3-8303	ASHLE	Y@NEWBERGVET.CC
Murmur Grade:	Murmur Grade:					*******************************			
PMI: Left	PMI: Left		MurmurG	<u>-</u>			······································	wП	
Timing: Systolic Diastolic Continuous Split S1 Split S2 Summary evaluation and opinion of the examiner: Normal cardiovascular examination—heart disease is not evident Equivocal cardiovascular examination—heart disease cannot be diagnosed nor excluded; status uncertain for breeding.	Timing: Systolic Diastolic Continuous Substance Summary evaluation and opinion of the examiner: Normal cardiovascular examination—heart disease is not evident Equivocal cardiovascular examination—heart disease cannot be diagnosed nor excluded; status uncertain for breeding. Abnormal cardiovascular examination indicative of heart disease; indicate suspected diagnosis below: Lecrify that the standards for cardiac examination indicative of heart disease; indicate suspected diagnosis below: I DID NOT verify microchip/tattoo on this dog I D							* 1 Line	
Extra Sounds: Click Gallop Split S1 Split S2 Summary evaluation and opinion of the examiner: Normal cardiovascular examination—heart disease is not evident Equivocal cardiovascular examination—heart disease cannot be diagnosed nor excluded; status uncertain for breeding.	Summary evaluation and opinion of the examiner: Normal cardiovascular examination—heart disease is not evident Equivocal cardiovascular examination—heart disease cannot be diagnosed nor excluded; status uncertain for breeding. Abnormal cardiovascular examination indicative of heart disease; indicate suspected diagnosis below: Certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination. DID verify microchip/tattoo on this dog			*** ***********					
Summary evaluation and opinion of the examiner: Normal cardiovascular examination—heart disease is not evident Equivocal cardiovascular examination—heart disease cannot be diagnosed nor excluded; status uncertain for breeding.	Summary evaluation and opinion of the examiner: Normal cardiovascular examination—heart disease is not evident Equivocal cardiovascular examination—heart disease cannot be diagnosed nor excluded; status uncertain for breeding. Abnormal cardiovascular examination indicative of heart disease; indicate suspected diagnosis below: Certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination. DID verify microchip/tattoo on this dog	-	_				· · · · · · · · · · · · · · · · · · ·		
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	Fees Animals Over 12 Months \$15.00 Kennel Rate —Individuals submitted as a group, owned/co-owned by same person. Litter of 3 or more submitted together \$30.00 Minimum of 5 individuals \$10.0 sams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers	lotorina-i C:	<i>Cl.</i> -	drancha.	Senetities	anialist Tre	adiale =:-:		5/22
(1/5/22	Litter of 3 or more submitted together \$30.00 Minimum of 5 individuals \$10.0 cams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers	retermarian Signature	Cue	ck one box: 2	reactitioner, 2 Sp	ecialist, 🔟 Că	ruiologist	(· vate
Veterinarian Signature Check one box: □ Reactitioner, □ Specialist, □ Cardiologist □ Date	dyments can be made by visa, mastercara, theck of money order (0.5. tunds arown on a 0.5. bunk) paydole to the Orthopeaic Foundation for Animais.	Litter of 3 or i	more submitt onths of age are	e considered prelimir	\$30.00 nary evaluations and are n	Minimum of ot eligible for OFA n	5 individuals umbers		\$10.00
Fees Animals Over 12 Months \$15.00 Kennel Rate —Individuals submitted as a group, owned/co-owned by same person. Litter of 3 or more submitted together \$30.00 Minimum of 5 individuals \$10.00 exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers	Cardholder name Exp date MM/YY CVV		visa, waster			iwn on a U.S. ban		·	

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<i></i>	Applicatio	on tot bas	ic Cardiac D	atapase	
Registered name:	8 KT D 8 LH (IOII	AKC registration number:	Other registry nan	ne:
MOONLIT ACRES SA	AN PAULU IVI	Sex:	Date of birth (MM/DD/YY):	Other registry #:	
GOLDEN RETRIEVE	R	F	03/23/2020		
licrochip/tattoe: 956000012594949			Registration number of sire: UKU.0371608	Registration numb	
wher name:	Co-Owner nærne:		Examining veterinary clinic:		of evaluation (MM/DD/YY):
DANA LOGAN			NEWBERG VETERIN	ARY HOSPITAL 01	/15/2022
ailing address: 98686			Mailing address: 3716 E PORTLA	ND RD	
ity:	State:	Zip/postal code:	City:	State:	Zip/postal code:
VANCOUVER	WA	98686	NEWBERG	OR	97132
hone: 360-980-1926	E-mail:	NALOGAN.COM	Phone: (503) 539-8303	E-mail:	IEMBEDOVET COM
ereby certify that the animal examined is t		**************************************	(503) 538-8303		NEWBERGVET.COM
	Norma		ON (REQUIRED) Arrhythmia]	
	Normal	Abnormal	□ Arrhythmia 🛭]	
Murmu	ır Grade:		······································		
PMI:	Left 🗆	Right			
Timing	-	Diastolic			
Extra So	ounds: Click 🗆	Gallop	☐ Split S1☐ Split S2☐	1	
☐ Equivocal cardio ☐ Abnormal cardio ☐ Locatify that the standards for cal	vascular examination in the second se	heart disease cannot be ndicative of heart disea	e diagnosed nor excluded; sta se; indicate suspected diagno carefully followed in performi	sis below:	
J VDID verify microchip/tattooor	1	<i></i>	chip/tattoo on this dog	1//-	=/22
Fees Animals Over 12 Mont Litter of 3 or more sub cams on animals under 12 months of ag Payments can be made by Visa, Ma	ths omitted together ne are considered prelimin	\$15.00 \$30.00 eary evaluations and are n	Kennel Rate—Individuals subr Minimum of 5 individual at eligible for OFA numbers	S	\$10.00 ead
ard number		Cardholder name	E	кр date MM/YY (W